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HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda

Date Tuesday 7 July 2020

Time 6.00 pm

Venue Virtual meeting
https://www.oldham.gov.uk/info/200608/meetings/1940/live_council_meetings_online

Notes 1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Mark Hardman at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Mark Hardman or email constitutional.services@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 2 July 2020.

4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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MEMBERSHIP OF THE HEALTH SCRUTINY
Councillors Toor, McLaren, Alyas, Byrne, Hamblett, Ibrahim, Akhtar (Chair) and Cosgrove

Item No

1 Appointment of Vice Chair

To appoint a Vice Chair of the Committee for the 2020/21 Municipal Year.

2 Apologies For Absence

3 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

4 Urgent Business

Urgent business, if any, introduced by the Chair

5 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

6 Minutes of Previous Meeting (Pages 1 - 10)

The Minutes of the meeting of the Health Scrutiny Committee held on 7th January 2020 are attached for approval.

7 Minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust (Pages 11 - 14)

The Minutes of the meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust held on 28th January 2020 are attached for noting.

8 Minutes of the Joint Scrutiny Panel for Pennine Acute Hospitals NHS Trust (Pages 15 - 24)

The Minutes of the meeting of the Joint Scrutiny Panel for Pennine Acute Hospitals NHS Trust held on 8th October 2019 and 23rd January 2020 are attached for noting.

9 Minutes of Health and Wellbeing Board (Pages 25 - 32)

The Minutes of the meeting of the Health and Wellbeing Board held 12th November 2019 are attached for noting.

10 End of Life Services Review (Pages 33 - 82)

11 Safeguarding Adults Update (Pages 83 - 112)

The Committee will receive a presentation providing an update on the Adults Strategic Safeguarding Service and on the Oldham Safeguarding Adults Board Business Plan 2020/21.

12 Thriving Communities and Health Improvement Update (Pages 113 - 124)

13 Council Motion - Ban on Fast Food and Energy Drinks Advertising (Pages 125 - 138)

14 Council Motion - Making a Commitment to the UN Sustainable Development Goals (Pages 139 - 154)

15 Overview and Scrutiny Annual Report 2019/20 (Pages 155 - 176)

A draft Overview and Scrutiny Annual Report 2019/20 is attached for the Committee's consideration.

16 Health Scrutiny Forward Plan (Pages 177 - 186)

17 Date and Time of Next Meeting

The next meeting of the Health Scrutiny Committee will take place on Tuesday, 1st September 2020 at 6.00 p.m.

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HEALTH SCRUTINY
07/01/2020 at 6.00 pm

Present: Councillor Moores (Chair)
Councillors McLaren (Vice-Chair), Alyas, Byrne, Davis, Hamblett and Ibrahim

Also in Attendance:

Councillor Chauhan	Portfolio Holder for Health and Social Care
Mark Hardman	Constitutional Services Officer
Katrina Stephens (item 10)	Director of Public Health
Vicki Gould (item 10)	Programme Manager Public Health
Anna Tebay (item 10)	Public Health Specialist
Mark Warren (item 11)	Managing Director, Community Health and Adult Social Care Service
Debra Ward (item 11)	Transformation Programme Manager
Dr John Patterson (item 12)	Chief Clinical Officer, Oldham Clinical Commissioning Group (CCG)
Nicola Pemberton (item 12	Associate Director of Commissioning, Oldham CCG
Mark Drury (item 12)	Head of Public Affairs, Oldham CCG

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health Scrutiny Committee held on 3rd September 2019 be approved as a correct record.

6 **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust held on 15th October 2019 be noted.

7 **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE ACUTE HOSPITALS NHS TRUST**

RESOLVED that the minutes of the meeting of the Joint Scrutiny Panel for Pennine Acute Hospitals Trust held on 18th July 2019 be noted.

8 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**

RESOLVED that the minutes of the meetings of the Greater Manchester Joint Health Scrutiny Committee held on 10th July and 11th September 2019 be noted.

9 **MINUTES OF THE HEALTH AND WELLBEING BOARD**

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 24th September 2019 be noted.

10 **NHS HEALTH CHECKS PROGRAMME - UPDATE**

The Committee received a report presenting an update on delivery in Oldham of the NHS Health Checks programme, a national health risk assessment programme looking to help prevent vascular disease, including heart disease, stroke, diabetes and kidney disease. Patients aged 40 to 74 years not already diagnosed with one of these conditions or not in receipt of certain prescriptions (the 'eligible population') are invited every five years to have a health check to assess their risk of developing one or more of these conditions. The Health Check gave a personalised risk of developing a heart or circulation problem in the next 10 years and provided tailored advice and management plans to lower the risk, which may include improving physical activity levels, dietary advice, prescribed medicines for cholesterol or blood pressure, and support to stop smoking. Introduced in 2013, the programme was now to run to 2023 and the Committee was advised of research indicating national outcomes of the programme.

Locally, on completion of a health check risk assessment, feedback and advice on achieving and maintaining healthy behaviours is given. If necessary, the individual is directed to either a health improvement intervention, referred to their GP for clinical follow up, or referred to secondary care. Those at high risk of cardiovascular disease are placed on disease registers and clinically managed through their GP practice. During the first five year programme Oldham had moved from one of the lowest performing local authorities to being an example of good practice, and between 2014/15 and 2018/19, 45.4% of Oldham's eligible population had taken up the offer of a health check. While slightly below the England average, this was one of the top performances by a Greater Manchester authority. Performance had dipped in 2018/19 due to GDPR and a new provider being required in-year, but 2019/20 figures were expected to be representative of Health Check performance when these became available.

Local outcomes of the Health Check Programme were reported, and it was advised that 348 cases of diabetes, chronic kidney disease, hypertension, coronary heart disease or atrial fibrillation, or as being morbidly or super-morbidly obese which could now be managed through primary care and/or health improvement services had been identified over five years.

Going forward, the key focus would be on improving the outcomes from the programme, including higher numbers of appropriate patients put onto care pathways for diagnosed conditions and better and earlier condition management. Other activities would include work to increase referrals to support services, including social prescribing and to health improvement services such as smoking cessation, weight management and alcohol support, and to also identify common mental health conditions to support timely referrals. The submitted report also reflected on wider public health work undertaken with primary care and work progressing in this area.

Members sought clarification on data presented, asking whether the data available extended to indicate measures such as male/female, age profiles, by ethnic group etc that might enable specific targeting; whether there was data as to how many individuals took up follow up treatments after Health Checks; and how the 348 conditions identified compared with outcomes in other areas. It was noted that the figures presented were either mandatory or, in the case of outcomes, just illustrative of the local outcome. While some data was collected from GP practices this was often variable: some work had been undertaken to seek common standards and this would be implemented from April 2020.

Further queries from Members were considered as follows –

- with regard to responding to referrals, it was acknowledged that the offer was strong in some areas, such as smoking cessation, but less strong in others such as weight management. Work to address this, and to enable widening of the Health Check offer to include certain mental health issues, was being looked into;
- while acknowledging that younger people might have hidden health conditions, it was advised that the age range of 40-74 years was set by a national programme through which GP surgeries received money for each Health Check undertaken;
- a small number of pharmacies were involved in the programme, but as this relied on access to medical records further pharmacy based provision would be dependent on local GPs. It was, however noted that there were a number of 'healthy living' pharmacies talking about lifestyle issues;
- it was confirmed that people found clear on a first Health Check would receive an invite to a further Check after five years, and that those who did not respond to invites were followed up and remained eligible.

RESOLVED that -

1. the performance of the NHS Health Check programme be noted and support be given to the work being undertaken to improve the quality of the programme and to ensure that it reaches those most at risk of long term conditions; and
2. a further update on the NHS Health Check programme, to also include progress on work undertaken to seek common standards on data recording, be submitted in 15-18 months.

11 **INTEGRATING COMMUNITY HEALTH AND ADULT SOCIAL CARE SERVICES**

The Committee received a report presenting an update on the integration of community health and adult social care services delivered by the Community Health and Adult Social Care Service (Community Service) which held the commissioning responsibilities for all the statutory adult social services ensuring all requirements of the Local Authority including safeguarding, are enforced and also provided leadership for and operation of all the adult community health and statutory social care services operating in the Borough delivered through an alliance of several employers. The Community Service was a critical mechanism to realising the shared vision for the wider health and social care economy and it was therefore essential that the service is focussed on wellbeing and prevention, enabling people to regain independence whilst targeting long-term support at those people with the most complex needs.

The emphasis for Phase 2 of integrating community services has therefore been focused on design and implementation of an integrated community service that would enable practitioners to focus on supporting people in their communities, avoid acute interventions and long-term community service dependency, reinforce a new culture of self-care, place and strength-based support, drive financial and demand efficiencies, and deliver better outcomes for residents and the economy as a whole. The high level care and support pathway that it was envisaged would deliver this vision was illustrated, and support to provide a clear understanding of where the organisation needed to be to deliver this vision was being sought.

Alongside this work, the following were key areas of development –

- Community enablement – to design and deliver an enablement model that building on the partially integrated crisis enablement team and further improve the referral pathway into enablement services;
- Embedding integration – developing and embedding standard operating procedures for the integrated neighbourhood community teams;
- Adults Targeted Model – designing and implementing a model for prevention and resident engagement to support people to self-care;

- Streamlining governance and decision-making – while ensuring that the governance arrangements and requirements of each of the organisations involved were still met; and
- Operational reform of services with known high risk concerns to ensure that we have strong and stable services are in operation ahead of transforming them to meet the refocused vision.

Other work being undertaken was the review of community health contracts transferred from Pennine Care Foundation Trust to the Oldham Care Organisation following recognition that the specifications were out of date, and the implementation of a redesigned safeguarding adults system.

A Member queried how changes to service delivery are communicated to service users and what feedback was received. It was accepted that more work on communication needed to be done, in part because information governance and data sharing issues needed to be resolved, and in part in developing an identity for the new structure which Phase 2 would seek to resolve.

The role that the North West Ambulance Service (NWAS) might play within this service model was queried. Members were advised that early work seemed to be going well, NWAS being made aware of the community enablement provision and the quick responses possible, and they were keen to work with and develop this model.

Noting the complexity of the issue of integration generally, a Member made reference to the agreed development of a glossary of health and social care terms at the Development Session held on 15th October 2019 (and reflected in the submitted Committee Forward Plan elsewhere on the agenda). In this regard it was suggested that future submissions might contain some explanation of the boxes within the organisational and governance structures at Appendices 2 and 3 to the submitted report, and show how the diagrams at paragraph 3.5 to the submitted report emphasising a shift to self-care, preventative and place-based practice approaches, and at paragraph 4.1 illustrating the Community Health and Adult Social Care Services high level care and support pathway, related to those organisation and governance structures. In this regard, the Director advised that efforts to simplify were being made and invited the Chair and Vice Chair to join him and the Strategic Director (Commissioning) to contribute to a piece of work in this regard.

With regard to the projected Adult Social Care overspend, there was an acknowledgement that budget availability was not going to change soon and so service redesign was about managing resources effectively and identifying different ways of working. Going forward, there would be a consideration of funding availability, what the Service can do within that funding in terms

of care delivery and how this might be enhanced, including a consideration of different patterns of demand across different geographical areas. The split of the five geographical areas was advised. Within the geographical areas, no particular approach had been made to Parish Councils, but leading Members were being kept updated on progress.

A Member suggested that references to older people needing care because of falls tended to presume a fall within the home, querying whether any record was made of falls on footpaths and whether Highways were notified accordingly. Confirmation as to whether falls data was recorded in this way could not be given, but the issue raised would be considered further.

RESOLVED that

1. the update on the integration of Health and Adult Social Care Services be noted; and
2. a further update on the progress of Health and Adult Social Care Services integration be provided to the Committee in a Development Session to be provided in/around September 2020.

12 **REVIEW OF PRIMARY CARE**

Further to Minute 13(2) of the meeting held on 3rd September 2019, the Committee received a presentation providing the requested update, noting that the review now more broadly addresses the future of all of General Practice in Oldham, rather than just urgent primary care. Work had commenced to develop a Primary Care Strategy that would identify priorities to address the known challenges in primary care which, despite those challenges, continues to improve and in the main was working as planned to reduce inequalities and improving health outcomes. However, a new model of Primary Care is required to provide assurance as to the sustainability of the primary care offer, with a strong workforce who have manageable workloads that is able to meet the needs of the population and demands on the system. Work was also going progressing on a new assurance framework for General Practice in Oldham with a focus on both clinical quality and practice governance.

The presentation noted that the NHS Five Year Forward View set out the case for change in healthcare and that Oldham CCG aimed to enable general practice to play an even stronger role at the heart of more integrated out of hospital services. Key themes considered were

- addressing the increasing demands of an aging population and raised patient expectation and the service variations that arise due to the different contractors providing services;
- sustaining a competent and motivated workforce and addressing the issue of a local aging workforce
- the need for integrated approaches to address the complex contracting and funding arrangements within primary care;

- the Walk-in Centre Review findings;
- potential future services to deliver alternative urgent care services to deliver ambulatory care services and Long Term Condition management to support reductions in out-patient activity.

Work was also required to update and understand where each Primary Care Network (PCN) was against the PCN Maturity Matrix. The Matrix was designed to support network leaders, working in collaboration with systems, places and other local leaders within neighbourhoods, to work together to develop individual Networks and support groups of Networks to collaborate in the planning and delivery of care across a number of roles.

Further to the presentation, the Committee was asked note that the health system was now in a similar position with regard to supply and demand that had existed at the time of the last review of GP contracts in 2014, and that the position of being able to offer people an appointment within two weeks had generally been lost. While the situation was at saturation point nationally, Oldham did well on some metrics, a point not recognised by people.

A Member noted that the problem of people attending A&E unnecessarily continued, querying whether this was down to people not understanding a system which, while in transition, remained complex. The issue, and the complexity of addressing it, was acknowledged, with it being clear that it took several years to educate people to access health care at the appropriate point. The large numbers contacting practices on a Monday was another issue which, while impacted on by levels of Universal Credit take-up, relative deprivation etc, was an indicator that work needed to be done about appropriate use of not just A&E, but of urgent care centres, GPs, the 111 telephone service etc. Such work was ongoing but again it would take some time for patient education to take effect.

The information available to patients to inform their decision making was queried. The Committee was advised of the NHS national programme around Right Choice which relied, to an extent, on GP surgeries and it was conceded that coverage might be patchy. It was suggested that 'telling' people what to do might not have impact, but that signposting, consistency across websites etc might be a better way forward. At this time, attendance at A&E might be seen as a lack of confidence in and/or knowledge of the other offers.

Referring to figures provided from the Walk in Centre Review concerning the number of unregistered patients attending, it was queried whether anything was done to address this. The Committee was advised that the issue had been recognised and the system would incentivise registration and action was being taken to address this issue.

A Member queried the implications for future delivery of a new model of primary care from practices based in outdated and/or sub-standard buildings. While acknowledging that this could be a barrier to change, the Committee was asked to note that, other than in some particular circumstances, practices could not be forced to move. The CCG had had some success in achieving some practice moves in a cost efficient manner: some funds were available locally and work would be ongoing to raise the benefits of moving with other, specific practices.

Noting the report that Oldham had achieved delivery of a seven day service but this was not being taken up fully, it was suggested that not enough had been done to publicise the offer. Reference was then made to patients attending practices to book appointments rather than phoning, noting that many people seemed to consider it difficult to get through to practices by phone and attending in person appeared a more sure way of getting an appointment. The Committee was advised that the telephone systems contract lay with another NS organisation, but that Oldham practices were on a rolling programme for new systems. There was also a development programme to better equip staff to be increasingly public facing.

A Member queried the implications of patients not attending appointments and action taken in this regard. The Committee was advised that the facility for practices to send text reminders was universally available and it was likely that most practices used the facility. It was suggested that if non-attendance was eradicated patients could possibly be seen up to one week sooner.

RESOLVED that –

1. the presentation from Oldham CCG relating to the review of Primary Care be noted; and
2. a further update on progress of the Primary Care Review and Strategy be submitted to this Committee in September 2020.

13 **COUNCIL MOTIONS**

Members were advised of a Motion which had been referred from the Council meeting held on 11th September 2019 to the Overview and Scrutiny Board which had, at a meeting held on 22nd October 2019, further referred the Motion to this Committee.

The Motion read as follows –

“Ban on Fast Food and Energy Drinks Advertising

“Council notes that:

- Fast food contains high level of fats, salt and sugar and energy drinks often contain high levels of caffeine and sugar.

- Excessive consumption of these products contributes to obesity, tooth decay, diabetes, gastro-intestinal problems, sleep deprivation and hyperactivity.
- The Royal College of Paediatrics and Child Health predicts half of all children in the UK will be overweight or obese by 2020.
- The Mayor of London banned all fast food advertising on publically-controlled advertising spaces across London's entire transport network.
- Sustain and Foodwatch recently published a report 'Taking Down Junk Food Adverts' which recommends that local authorities regulate adverts on public telephone boxes and that the Advertising Standards Authority should be able to regulate advertising outside nurseries, children's centres, parks, family attractions and leisure centres.

As a local authority with a statutory responsibility for public health, Council believes that it should do all that is possible to discourage the consumption of fast food and energy drinks.

Council therefore resolves to:

- Ask the Chief Executive to write to the Chief Executive of Transport for Greater Manchester asking TFGM to impose a ban on the advertising of fast food and energy drinks on publicly owned poster sites etc across the Greater Manchester transport network.
- Ensure that fast food or energy are not advertised on any hoarding or within any building owned by this Council including large advertisements on bus stops.
- Ensure that such products are not sold to children or young people on any of our premises.
- Ask our NHS, social housing, voluntary and private sector partners, including the Mayor of Greater Manchester, to make a similar undertaking.
- Ask the Chief Executive to write to the relevant minister requesting the recommendations of the 'Taking Down Junk Food Adverts' report be adopted as government policy as soon as possible; copying in our local members of Parliament to seek their support."

Members of the Committee were provided with a copy of the Sustain and Foodwatch report 'Taking Down Junk Food Adverts' that was referenced within the Motion.

RESOLVED - that a report be submitted to the next meeting of the Committee.

14 **HEALTH SCRUTINY FORWARD PLAN**

RESOLVED that the Health Scrutiny Work Programme for 2019/20 be noted.

15 **DATE AND TIME OF NEXT MEETING**

RESOLVED that the scheduled date and time of the next Health Scrutiny Committee meeting to be held on Tuesday, 28th January 2020 at 6.00 pm be noted. This meeting will be a Development Session.

The meeting started at 6.00 pm and ended at 8.13 pm

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING
Tuesday, 28th January 2020

PRESENT: Councillor Susan Smith (in the Chair) and Dale (Rochdale Borough Council), Councillors Hamblett, Moores and Surjan (Oldham MBC), Councillors Holloway, Mobbs and Wright (Stockport MBC), Councillor Grimshaw and Councillor Walker (Bury MBC).

OFFICERS: P. Thompson (Committees and Constitutional Services – Rochdale Borough Council)

ALSO IN ATTENDANCE: N. Littler (Executive Director – Pennine Care NHS Foundation Trust), A. Osborne (Assistant Director – Pennine Care NHS Foundation Trust) and D. Wallace (Communications and Engagement Advisor – Pennine Care NHS Foundation Trust).

23 APOLOGIES

Apologies for absence were received from Councillor Sullivan (Rochdale Borough Council)

24 DECLARATIONS OF INTEREST

There were no declarations of interests.

25 MINUTES

The Committee considered the minutes of its most recent meeting held 15th October 2019. In considering the Minutes it was suggested that more Member of the Committee be invited to visit wards at different hospital sites across the Trust's footprint, beginning with the Aspden and Hope Ward at the Royal Oldham Hospital, further to visits already undertaken by Councillors Dale and Walker, in October 2019.

Resolved:

1. The Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 15th October 2019, be approved as a correct record.
2. It was agreed that further visits by Members of the Committee to the Aspden and Hope Ward at the Royal Oldham Hospital be arranged by the Clerk to the Committee, in consultation with representatives of Pennine Care NHS Foundation Trust.

26 FINANCE UPDATE

The Committee was updated on Pennine Care's current financial situation. Presently, based on information currently available, it was projected that there would be a budget deficit by the end of the 2019/20 financial year. However, as reported to the last meeting, it was added that the figures in the report did not account for expected significant financial contributions to be forthcoming

from the Department of Health and it was expected that the Trust would have a 'balanced budget' by the end of the current financial year.

The Trust had recently introduced a savings programme to help reduce costs whilst the filling of some staffing vacancies was being delayed. It was noted and welcomed by Members of the Committee that by and large the savings proposals were not adversely affecting patient care.

Members sought clarification on a number of issues that were of concern. The Committee was advised that the Trust was a 'low risk' in terms of dealing with any adverse issues arising from the country's upcoming withdrawal from the European Union. The Committee was also advised of the Trust's recruitment and retention polices, especially in terms of nursing staff, following various promises and pledges that were made during the General Election campaign in November and December 2019.

Resolved:
The report be noted.

27 CQC UPDATE

The Trust's Deputy Chief Executive reminded the meeting that the Care Quality Commission (CQC) had previously undertaken a 'Well Led' inspection of a selection of services provided by the Trust in the period August – October 2018. Some of the services inspected included dentistry, mental health hospital wards (for adults and for older people), PICU, home treatment teams and crisis services and walk-in centres across the Trust's footprint.

Regular reports on the implementation of the CQC's improvement plan were presented to the Trust's Board. The Scrutiny Committee were regularly presented with information which detailed the Trust's responses to the CQC inspection and the only area of work that was shown as being 'red' (issue that were not on course to be successfully implemented) was the 'Review the patient experience structure and resource'. The Committee was advised of measures being put into place to improve this specific matter, via the recruitment of to a post of 'Head of Patient Experience', within their organisation, a process that was expected to be completed in the near future.

A Member referred to a an initiative that was prevalent within Stockport whereby health authorities linked in and worked with GP Practice Champions', which had proved to be of assistance when dealing with patients that have mental health concerns. A Member also referred to the issue of 'social prescribing' and it was agreed that a report on this matter be submitted to a future meeting of the Committee.

Resolved:

1. That the report be noted.
2. The Trust be requested to submit a report, to a future meeting of the Committee, regarding the issue of social prescribing, with input from their operational manger with regard to their Community Care Programme.

28 WORKFORCE/STAFF WELFARE

The Trust's Executive Director (Workforce) gave a presentation to the Committee updating on the Trust's staff sickness absence rates amongst its workforce.

The main reasons for `days lost' through sickness were: Stress, Anxiety and Depression; Musculoskeletal problems; and Gastrointestinal problems

The Trust's Occupational Health service was available to provide support for staff and managers in the management of sickness absence. The Occupational Health service also provided advice and treatment for staff to prevent and manage Musculoskeletal conditions as follows: PhiL – Physio Triage/Advice Service, Musculoskeletal Management Referral; and Musculoskeletal (Treatment). In addition to the Occupational Health service, the Trust has established a range of services for its employees to support the reduction of absence through prevention and health improvement.

The staff wellbeing service was described as being a well-regarded in-house service which offered a range of support to our workforce. The services included counsellors, Cognitive behavioural therapists, Psychological wellbeing practitioners, arts psychotherapists and EMDR (Eye- movement desensitisation therapy for trauma) specialists.

During the course of 2018/19, over 30 staff workshops and courses had been run including: interventions for bereavement, men's mental health, sleep issues; BAME, LGBTQ, women's health and the menopause, Mindfulness for chronic pain (including MSK), mindfulness and yoga, Acceptance and Commitment therapy, team bespoke wellbeing sessions and outreach ward visits. There had also been four (two day) Mental Health First Aid accredited courses which had been delivered to 60 staff. There was training support to managers in staff wellbeing and mental health.

Feedback on the services showed very positive outcomes with 95 per cent of staff saying where appropriate, the support helped them to stay in work or return to work sooner from sick leave.

Prevention was considered to be key, therefore the Trust had specialist training and advice in place on how to minimise harm and injury when control and restraint measures needed to be implemented. Also specialist advice and training in moving and handling was provided and supported by the moving and handling co-ordinator. The Core and Essential Skills Training team also supported procurement of the correct equipment for clinical areas.

The Trust was committed to taking the health and wellbeing of its workforce seriously and recognised the challenges faced, particularly by its front-line staff members, who worked within mental health and learning disability services. The Trust's Occupational Health and Staff Wellbeing services had been established to address the most common reasons for absence in order to act pro-actively to offer support to staff.

Resolved:
That the report be noted.

29 SINGLE SEX ACCOMMODATION

The Committee was updated on progress towards the introduction of single sex wards at hospitals across the Trust's footprint. A full and detailed business case thereon had been submitted to the Trust's Board's meeting on 19th December 2019 and this document (Full Business Case: Delivering Single Sex Accommodation) was circulated to Members of the Committee in advance of the meeting.

The Committee was advised that the Trust's Board meeting had approved the Business case and a multi-agency task group had been established to ensure that the recommendations thereon were carried out. The work of the task group was due to commence in March 2020. The Trust undertook to keep the Committee updated on the work of the task group, at future meetings.

The Committee was asked to note that Single Sex Accommodation was, going forward, to be known as 'single gender accommodation'.

Resolved:
That the report be noted.

30 DATES OF FUTURE MEETINGS

Resolved:
It was agreed that the next formal meeting of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust will be held on Tuesday, 17th March 2020, starting at 2.00pm at the Council Offices, Rochdale and that informal meetings of the Committee's membership be held, with representatives of Pennine Care Foundation Trust's senior management, at the Trust's head office (225 Old Street, Ashton-under-Lyne) on: Tuesday, 18th February 2019 and Tuesday, 14th April 2020: all meetings commencing at 2.00pm.

Meeting of:

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: 8 October 2019

Present:

Councillor L Robinson (Rochdale Council) - Chair
Councillor R Walker (Bury Council)
Councillor S Smith (Bury Council)
Councillor G McGill (Bury Council)
Councillor L Hamblett (Oldham Council)
Councillor R Dutton (Rochdale Council)
Councillor P Sullivan (Rochdale Council)

N Remmington, Lead Cancer Manager
D Hambleton-Ayling, Associate Director Workforce
Nicky Tamanis, Deputy Chief Finance Officer, Salford Royal and Pennine Acute
L Swanson, Group Associate Director Infection Control
J Downey, Director Corporate Nursing and Governance
A Talbot, head of Legal Services
S Wilson, Executive Lead Finance and Investment, GMHSC
S Neville, Director of Strategy and Development, Salford Royal Foundation Trust
P Blythin, Executive Director of Workforce and Corporate Business
L Webb, Democratic Services Officer

Apologies: Councillor R Surjan and Councillor N Briggs

PAT.19/20-12 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.19/20-13 PUBLIC QUESTIONS

There were no public questions.

PAT.19/20-14 MINUTES AND MATTERS ARISING

Further to Minute PAT.19/20-07, Nicola Remmington provided the Committee with details of comparative data from the previous year in relation to Trust performance in respect of the Cancer Access target.

It was agreed:

1. That the minutes of the meetings held on 18th July 2019 be approved as a correct record.

2. That performance information in respect of the Cancer Access target be reported to this Committee later in the Municipal Year

PAT 19/20-15 FINANCIAL UPDATE

Nicola Tamanis Deputy Chief Finance Officer attended the meeting to provide members with an updated financial plan.The presentation contained information on how commitments will be met from the resources available to meet the following 5 tests:

Test 1: plans will need to include financial recovery plans for individual organisations in deficit against specified deficit recovery trajectories

Test 2: actions to achieve cash releasing savings

Test 3: reduction of unwarranted variation

Test 4: moderate growth demand

Test 5: set out capital investment priorities for capital budgets being agreed through the forthcoming Spending Review

The presentation also set out details of key planning milestones and a long term plan timetable.

During discussion of the long term plan, Members sought assurances in respect of funding and resources. Councillor Smith highlighted the issue of variation of services and stressed the importance of not levelling down provision.

A further presentation was provided on the specific issue of outsourcing. Joe Lever, Procurement Director set out details of the following outsourced contracts:

- Legal Services
- Interpretation and British Sign Language
- MRI Scanning

It was reported that the driver for outsourcing is through demand, lack of capacity, skills, expertise or better value for money can be achieved. The decision making process around this is rigorous and reviewed through the appropriate Northern Care Alliance governance committees. Outsourced contracts are reviewed on an on-going basis to ensure value for money or whether a different model being more effective to support better patient care. This is evidenced through recent decisions where historical outsourced contracts are now being brought back in house due to changes in the market place and new skills being available to recruit the essential staff required.

In response to a question from the Chair concerning the monitoring of outsourced contracts, the Procurement Director stressed the importance of close contract monitoring and referred to the regular supplier performance meetings which take place.

In response to a question from Councillor Walker concerning the new centralised procurement arrangements, the procurement Director explained that specialist procurement organisations would be brought in to co-ordinate local and national procurement contracts.

It was agreed:

The officers be thanked for their attendance and an update be provided to the February meeting of this Committee.

PAT 19/20-16 RECRUITMENT AND RETENTION UPDATE

Dean Hambleton-Ayling, Associate Director of Workforce, gave a presentation setting out detailed statistics in respect of staff sickness and turnover levels.

Members of the Committee discussed the statistical information and queried the main causes of staff turnover and the steps being taken to improve sickness levels and turnover. The Associate Director of Workforce explained that the main causes of staff turnover related to departures due to transactions, work-life balance and stress. In terms of steps to address these issues, reference was made to the Northern Care Alliances Health and Wellbeing Strategy which is a people plan to increase initiatives on staff satisfaction and staff experience.

During discussion of the current activities within the plan, Members of the Committee acknowledged and welcomed the ambitious targets in respect of training Mental Health First Aiders across all sites by 2020. In relation to stress levels of staff, Councillor Sullivan raised the issue of staff parking and the wider issue of residents parking areas close to hospital sites.

It was agreed:

That the presentation be noted, with a further update to be provided early in 2020.

PAT 19/20-17 UPDATES ON STATISTICS

Linda Swanson, Group Associate Infection Control submitted a report setting out statistical information in respect of Healthcare Acquired Infections.

The externally set objective for reduction for Clostridium difficile infections (CDI) cases across Pennine Acute Trust (PAT) for 2019/20 is no more than 103 reportable cases

The CDI attribution process has changed and cases will be assigned to the acute trust if Healthcare Onset Healthcare Associated (HOHA) and Community Onset Healthcare Associated (COHA).

The externally set objective for MRSA bacteraemia remains as a zero tolerance objective.

In addition to external infection objectives the Trust continues to support the reduction of other alert organisms with internal improvement and reduction objectives.

To date there have been 53 cases of CDI, 30 HOHA and 23 COHA. To date 37 of these cases have been reviewed and 6 of these cases have been deemed avoidable, with learning identified.

It was reported that to date there have been 0 cases of MRSA Bacteraemia.
QI methodology is used to identify improvements required, perform tests of change and implement successful initiatives

In response to a question from Councillor Dutton concerning the relatively high rate of CDI cases at the Christie it was explained that this could be attributed to the fact that patients at that hospital will have weakened immune systems which can pre-dispose them to the infection.

It was agreed:

1. That Pennine Acute be congratulated on achieving a nil return in respect of MRSA.

2. That a further update be provided early in 2020.

PAT 19/20-18 LEARNING FROM DEATHS (Quarterly Report)

Alison Talbot, Head of Legal Services, submitted a report from the Northern Care Alliance (NCA) scheduled Group 'Learning from Deaths' in compliance with National Guidance requirements. The report provided:

- The Q4 report for 2018/19;

- A dashboard report for awareness and scrutiny in line with National Guidance and the required National Reporting Criteria; and

- Details of how Salford Care Organisation and the North East Sector (NES) Care Organisations systematically review and learns from deaths.

It was reported that In Q4 85% of Structured Judgement Reviews (SJR's) have been completed across the NCA. The focus for Q4 2018/19 for the NES Care Organisations was;

(1) improve learning outputs by using data and business intelligence , and;
(2) switching to the Datix Mortality Module to streamline current systems.

The Head of Legal Services explained that business intelligence had been shared with the NES Care Organisation Mortality Oversight Groups to assist with the development of a bespoke mortality Learning from Deaths Agenda and mortality improvement strategy.

SJRs have been completed electronically in Q4 2018/19 using the Datix Mortality Module. This Module has assisted with quality improvement controls on the quality of SJRs and will assist with audits of the governance models at each Care Organisation with evidence of the process from Structured Judgement Review; Mortality and Morbidity Meetings, and; Care Organisation Mortality Overview Groups.

The roll out of the Datix mortality module has caused a delay to completion of the SJR's as additional training and demos were required for staff trained in Structured Judgement Review methodology across the NES Care Organisations. As a result of the delay in completion, the embedded evidence of the governance model and embedded learning for Q4 2018/19 will be available in Q1 2019/20.

The NCA continues to increase the uptake of trained SJR reviewers across the multi-disciplinary team by offering training sessions across all sites. It was reported that the number of Consultants, Nurses and Allied Health Professional trained in SJR case records review methodology has increased at the NCA to 133.

During discussion of this item, the Chair highlighted the increase in cases of sepsis. It was explained that the NCA have a targeted focus group to look at sepsis mortality.

In response to a query from Councillor Walker, it was explained that maternity related deaths were dealt with in a separate report.

It was agreed:

1. That future reports avoid the use of acronyms.

2. That a specific report on sepsis mortality be submitted to a future meeting of this Committee.

3. That a specific report on maternity related mortality be submitted to a future meeting of this Committee.

PAT 19/20-19 NORTH MANCHESTER TRANSACTION UPDATE

Steve Wilson, Executive Lead Finance and Investment, GMHSC attended the meeting to update members on the work being undertaken to progress the Pennine Acute NHS Transaction. The presentation contained the following information:

- Details of the benefits to Staff and Paitents
- Prime Ministerial Visit and North Manchester General Hospital Announcement
- Development of the Pennine Estate
- Capital Funding
- Stakeholder engagement

It was reported that Transaction is essential to support the future clinical, financial and workforce sustainability of acute hospital services in the North East sector and across Greater Manchester. The re-modelling of health care across Greater Manchester and is an opportunity to strengthen how acute and community based services across these hospitals are delivered for patients, service users and staff.

The proposed plans will support and complement local integrated healthcare plans to meet the population health needs of local communities and wider local health plans to strengthen community support, deliver more care closer to home and maximise the use of the estate on the PAT footprint.

During discussion of this item, members of the Committee commented on the length of time the process had taken and highlighted the fact that representatives from Manchester had not taken up seats on this committee as a result of planned re-organisation which had yet to happen.

It was agreed:

That this issue be a standing agenda item for future meetings of this Committee.

Chair
Councillor Linda Robinson

(Note: This meeting started at 10.30am and ended at 12.55pm)

Meeting of:

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: Thursday the 23rd January 2020 at 2.30pm

Present:

Councillor R Walker (Bury Council)

Councillor N Briggs (Oldham MBC)

Councillor G McGill (Bury Council)

L Hamblett (Oldham MBC)

L Robinson (Rochdale MBC)

R Surjan (Oldham MBC)

1. APOLOGIES FOR ABSENCE

Apologies of absence were submitted by:-

Councillor R. Dutton (Rochdale MBC), Councillor S. Smith (Bury Council) and Councillor P. Sullivan (Rochdale MBC).

2. DECLARATIONS OF INTEREST

Members of the Joint Committee were asked to consider whether they had an interest in any of the matters on the agenda and, if so, to formally declare that interest.

There were no declarations of interest reported.

3. PUBLIC QUESTIONS

Members of the public present at the meeting were invited to ask questions on any matter relating to the work or performance of the Pennine Acute NHS Trust. A period of up to 30 minutes was set aside for public questions.

There were no public questions submitted at the meeting.

4. MINUTES

The Minutes of the meeting held on the 8th October 2019 were attached to the agenda.

It was agreed:

That the minutes of the meetings held on 8th October 2019 be approved as a correct record.

5. MATTERS ARISING

Councillor Walker asked about recruitment and retention issues and the need for this item to come back to a future committee. It was advised that this could be included on the agenda every six months.

6. EXCLUSION OF PRESS AND PUBLIC

To consider passing the appropriate resolution under Section 100 (A)(4), Schedule 12(A) of the Local Government Act 1972, that the press and public be excluded from the meeting for the reason that the following business involves the disclosure of exempt information as detailed against the item.

7. PENNINE ACUTE NHS TRUST TRANSACTION UPDATE

Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership delivered a presentation on the PAT Transactions Programme update.

He provided a brief overview of the programme, which included:-

- Interim arrangements agreed
- Who is overseeing the processes
- Timescales and longer term plans
- Service alignment and engaging with staff
- Management arrangements for NMGH as part of MFT
- Future Capital investment

It was agreed:

That the presentation be noted.

8. CLINICAL NEGLIGENCE UPDATE

Paul Downes, Director of Patient Safety provided a report to the meeting presented by Alison Talbot.

There was a pattern that claims were decreasing in line with national data although damages paid out were increasing. In summary patient safety was improving with harms continuing to come down.

Any claims are looked at for future learning and a question was asked if a breakdown of claims could be provided per hospital, from which department and the reasons.

Councillor McGill commented that an increase in damages paid was probably due to more a more open reporting culture.

Councillor Walker added if higher payments were being made was this due to better legal support for claimants. Changes in the law such as no win no fee could also be factored in.

Councillor Briggs asked about a breakdown in legal figures and information on solicitors fees and questioned if the insurances would rise.

Councillor Walker requested that the above information be provided before the next meeting.

Councillor Hamblett reported on the lack of beds in Oldham and there was a long wait of 12 hours for A&E admissions.

Jon Rouse stated that the winter was very difficult across A&E with a rise in attendances.

Oldham was good for discharge rates and there were no large number of unwarranted delays.

Jon Rouse would compile a specific report on the above topic and what could happen next under differing circumstances.

Councillor Hamblett passed on her thanks to NHS staff who were doing a great job during this difficult and busy time of the year.

John Rouse reaffirmed a commitment to the long term future of all four hospital sites although they required significant capital investment. NMGH required a rebuild for a large part of the site although this must not be at the expense of the other hospital estates.

Current management arrangements were discussed as a new Chief Executive recently started with further contract agreements to start in April 2020.

A bid application has been made under 'Healthier Together' and the result of this would be announced in March.

A number of questions were then asked by Committee Members.

- When would funding be available for each hospital.
- Could an update be provided on management contracts.
- Is Brexit impacting upon recruitment and retention.
- Was any work being undertaken on bus services to the different hospital sites.

The entrance to NMGH was modern looking with good signage on the corridors although the café was too small and it was a long distance from your starting point at the site to the operation theatres.

It was unknown when the Government would be allocating funding but a starting point would be the spending review.

The emerging picture from NMGH was for it to be a health campus with other uses on the site although this was still very much work in progress.

Salford had extended their contract until the 31st March and two new contracts would be in place by the 1st April.

There seemed to be no impact by Brexit and vacancy rates had reduced.

Dialogue with transport providers was on going and this would be included in capital planning.

A climate emergency care plan was being worked on closely with the GMCA.

Councillor Briggs left the meeting at this point, 3.30pm.

Hospital designs have changed significantly since they were first built 150 years ago.

A discussion on heart clinics took place and would Greater Manchester have one. It was explained that this service was commissioned regionally and not locally as there were services provided in Liverpool and Sheffield.

Councillors expressed their thanks for the update and presentation of information.

It was agreed:

1. That Alison Talbiot provide an update on claims.

2. That ‘Outsourcing Resources’ be a standard agenda item.

9. URGENT BUSINESS

There was no business considered as a matter of urgency.

10. DATE OF NEXT MEETING

The date and time of the next meeting was confirmed as Tuesday the 31st March 2020 at 10.30am in Bury Town Hall.

Chair Councillor L. Robinson

(Note: The meeting started at 2.00pm and ended with the time not specified.

HEALTH AND WELL BEING BOARD
12/11/2019 at 2.00 pm

Present: Councillor Harrison (Chair)
Councillors Ball, M Bashforth and Sykes

Dr John Patterson	Clinical Commissioning Group
Dr Keith Jeffery	Clinical Commissioning Group
Majid Hussain	Clinical Commissioning Group
Dr Carolyn Wilkins	Chief Executive and Accountable Officer
Katrina Stephens	Director of Public Health
Mark Warren	Managing Director of Health and Adult Care Services
Julie Farley	Oldham Healthwatch
Claire Smith	Executive Nurse, Oldham Cares
Sarah Maxwell (substitute)	Oldham Community Leisure

Also in Attendance:

Rebekha Sutcliffe	Strategic Director of Reform
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services
Dr Henri Giller (item 7)	Chair of Safeguarding Boards
Wendy Meston (item 8)	Chair of local Child Death Overview Panel
Rebecca Fletcher (item 8)	Registrar in Public Health
Richard Cohen (item 9)	Consultant, Transforming Care
Vicky Sugars (item 11)	Head of Reform

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chauhan, Chief Supt. Neil Evans, Mike Barker, Val Hussain, Stuart Lockwood, Vince Roche and Nicola Firth.

2 **APPOINTMENT OF VICE CHAIR**

On the Motion of Dr J Patterson and seconded by Dr K Jeffery, it was **RESOLVED** that Majid Hussain be appointed as a Vice Chair of the Health and Wellbeing Board for the remainder of the 2019/20 Municipal Year.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting of the Health and Wellbeing Board held on 24th September 2019 were received.

RESOLVED that, subject to addition of Councillor Ball to the list of apologies for absence, the minutes of the meeting of the Health and Wellbeing Board held on 24th September 2019 be approved as a correct record.

7 **CHILDREN'S AND ADULTS LOCAL SAFEGUARDING BOARDS - BUSINESS PLANS UPDATES**

Dr Henri Giller, Chair of the Oldham Local Safeguarding Children and Adults Boards attended the meeting to present the Safeguarding Adults Board Annual Report 2018-19 and the updated 2019-20 Business Plans for both the Safeguarding Children and Adults Boards. An annual report for the Safeguarding Children Board was not presented as, due to the recently implemented revised arrangements, an 18-month Report was to be prepared and would be submitted in due course.

The Board gave initial consideration to the submitted Oldham Safeguarding Adults Board 2018-19 Annual Report that detailed safeguarding activity over the 12-month period and assessed the impact of this activity against the Board's Business Plan for 2018-19. Dr Giller drew attention to two key activities in 2018-19. Firstly, a Peer Review had been undertaken by representatives from the Stockport Board, the conclusions from which and the Board's reflection on these conclusions were presented in the Annual Report. Secondly, and on reflection of the Stockport conclusions, a fundamental review of adults safeguarding had been undertaken from which a number of recommendations had been derived.

These review recommendations then formed a significant part of the 2019-20 Safeguarding Adults Business Plan, and issues of ensuring that service integration did not dilute safeguarding, of trying to get a better picture of safeguarding in partner organisations, of making safeguarding more personal, and identifying joint work with the Safeguarding Children Board to consider transition issues looking towards a comprehensive all age safeguarding approach were highlighted to the Board. In response to a query concerning joint working between the Safeguarding Boards, it was noted that the Stockport review was a formal Peer Review, but that issues were picked up among wider peer groups on a regular basis. In addition, the Independent Chairs and Board Business Managers each had their own quarterly meetings to consider best practice and issues arising.

With regard to the 2019-20 Safeguarding Children Business Plan, the Board was advised that this sought to embed the new ways of working and new areas of work including complex and contextual safeguarding which included modern slavery and

exploitation, and workforce development and training were highlighted. The Board was advised of a Joint Communications Group that was seeking to communicate the work of the two Boards to the public, including development of a new website that was to go live with Children's Board content in the near future, with Adults Board content to follow. Work in the Children's area was looking to maximise the profile and the quality of work for children and young people by enhanced commitment from statutory partners, gaining buy-in from relevant organisations, developing accountability mechanisms and seeking the views of the child.

The following issues were raised by Members of the Board in respect of the Safeguarding Boards reports -

- The Strategic Director Reform noted the need to ensure connectivity between the work of the Safeguarding Partnerships into the emerging staffing strategy in the health and social care sector and a need to ensure that structures would deliver this;
- The reported joint work by both Safeguarding Boards around the transition period was welcomed by the Board generally
- Following a query as to when and how the Children's Board was to hear the voice of the child, the Board was advised that while traditional routes had been through the Youth Council and the Children in Care Council, work was being undertaken to configure new arrangements to access a wider constituency. It was also noted that some children would not have a voice and that consideration of lived experience was also important;
- The consideration within the Business Plans of patients with long term conditions who were at risk but were not known of was queried. With regard to children, work had been done around early help and with schools to raise the issues of risk and vulnerability. It was suggested that some organisations were changing their perspectives, the police now treating those subject to child exploitation as victims rather than criminals being highlighted;
- Issues related to home schooling were noted, with a Member requesting a consideration of those children struggling to get into school. The Board was advised that a sub-group of the Safeguarding Children Board was considering these issues and a report would be prepared in due course;
- A Member noted concerns about local authorities placing children and young people in facilities that provided accommodation, as opposed to care, often distant from their home location, and queried use made by the Council of such facilities. The Chair of the Boards advised of recent correspondence from the Minister about unregistered accommodation: a piece of work was ongoing and a report would be prepared in due course. The Managing Director for Health and Adult Social Care undertook to prepare a breakdown as to the types of

accommodation used, and to co-ordinate a report back to this Board on this issue.

RESOLVED that -

1. the Oldham Safeguarding Adults Board 2018-19 Annual Report be noted;
2. the updates on the 2019-20 Children and Adults Safeguarding Business Plans be noted;
3. the intent to report further to the Board in respect of home schooling and the provision of accommodation be noted.

8 **BURY, ROCHDALE AND OLDHAM CHILD DEATH OVERVIEW PANEL – ANNUAL REPORT**

The Board received a report presenting the Greater Manchester (GM) Child Death Overview Panel (CDOP) Annual Report, which included the work undertaken by the Bury, Oldham and Rochdale Panel. The Annual Report presented data from the four CDOPs across GM, making observations about causes and modifiable factors in order to inform action to promote child safety and reduce child deaths in GM. An Oldham Briefing provided an overview of the implications for Oldham and the current work happening to address the potentially modifiable factors identified.

Wendy Meston, Public Health Consultant from Rochdale Council and current Chair of the Bury, Oldham and Rochdale CDOP, reported to the Board further to the submitted report. Public Health chaired all four CDOPs across GM which collectively operated as a network. A multi-agency approach was adopted, and Panel attendees represented professional areas as opposed to geographical areas. Not every child death in the year was considered, with only those deaths that had been considered through all other stages being reviewed. As such, the Annual Report presented a strategic overview of what had been learned over the previous year.

With regard to Oldham, infant mortality was higher than would be expected and, while work had been undertaken to address causal factors, more needed to be done in the area. The GM report had highlighted potentially modifiable factors for reducing deaths in children as well as the existing evidence around reducing deaths in the early weeks of life, and several current initiatives in Oldham aimed at addressing these factors were outlined in the submitted report.

The CDOP network and co-ordinators also played a role in preventative work and had, for example, undertaken work around safe sleeping and getting messages out about the dangers for children presented by cords/blinds and small batteries.

Members of the Board raised the following issues –

- The average Index of Multiple Deprivation score against the number of closed cases for each local authority as shown in Chart 6 at paragraph 6.10.3 of the Annual

Report and what this meant in terms of Oldham and the linkage of deaths to deprivation was queried. It was suggested that a five-year consideration be given to consider whether the 2018/19 figure was a one year issue.

- It was noted that smoking and maternal BMI (body mass index) were significant contributors to young infant mortality and the potential impact on that cohort of an increased universal health offer being considered was queried. It was suggested that weight would be included, but that smoking in pregnancy was the subject of an ongoing GM-wide approach, though the sustainability of the GM offer needed to be considered.

RESOLVED that -

1. the Child Death Overview Panel Annual Report 2018-19 for Greater Manchester be noted;
2. the Oldham Briefing on implications for Oldham and current work being undertaken locally be noted;
3. further work be undertaken to understand the higher rates of infant mortality in the Borough and to develop an action plan to address these issues.

9 **OLDHAM HEALTH AND CARE LOCALITY PLAN REFRESH**

The Board received a report advising of the background to and the approach taken to a refresh of the Oldham Locality Plan for Health and Social Care Transformation. The report was submitted to provide visibility to the Health and Wellbeing Board of the process for the refresh and of progress to date, prior to the submission of a draft to Greater Manchester by 30th November 2019.

The Board was reminded that a Locality Plan covering the period September 2016 to March 2021 had been prepared to outline the key transformational programmes that would enable Oldham to deliver significant improvements in the health and wellbeing of residents. The strategic context had moved on since 2016 and Oldham was now better positioned to describe a whole public service approach to transformation. There had also been a recent ask to refresh the Locality Plan in support of the GM Health and Social Care prospectus plan and as a response to the NHS Long Term Plan Commitments. In this regard, the Plan would need completion and submission in 'Draft' by the end of November 2019 in order to influence the GM prospectus.

In considering the current position on the refresh exercise and the development of the Plan it was noted that extensive engagement was being undertaken across partners to form content and ensure that it accurately reflected both current and proposed transformation activity. Considerations in the report addressed the structure and content of the Plan and, to support the evolution of an Integrated Care System for Oldham, the design logic and principles employed to develop a model of health and social care.

In noting that a design logic behind the health and social care model was that the person and their community would be placed at the centre, a Member asked how this had been taken account of and sought assurance that delivery would be for the benefit of residents. The Board was advised that some consultations had been undertaken, and the Chief Executive and Accountable Officer advised that issues raised had been taken on board and, where appropriate, been referred to other groups and Boards. The pathways to care were important, and things were being done differently to the first Plan.

RESOLVED that the drivers for the refresh of the Health and Social Care Locality Plan, the structured approach being adopted and the good progress made to date be noted.

10 **UPDATE ON THE OLDHAM LEARNING DISABILITY STRATEGY**

The Board received a report providing an update on the Oldham Learning Disability (LD) Strategy that linked to the Greater Manchester (GM) LD Strategy and a summary of the actions and progress to date in Oldham on each of the ten strategic priorities that form the Strategy.

The GM LD Strategy had been in place from 2018 and had been written by people with a learning disability for people with a learning disability. The Oldham LD Strategy aligned to the GM priorities, with each of the ten work streams having a named responsible lead to provide accountability. The Health and Wellbeing Board had delegated progression of the Strategy and priorities to the Learning Disabilities Partnership Board which included advocates and those with lived experience among the membership.

The Director of Adult Social Care advised the Board of progress made within each of the ten priority areas, highlighting the specific actions for Oldham that had been identified, and further advising of structures in place for learning and best practice to be shared across GM in each of the priority areas. Councillor Marie Bashforth, Chair of the Learning Disabilities Partnership Board, supported the report, advising of the real energy and drive being put into progressing this big piece of work.

RESOLVED that the progress to date made in respect of the Oldham Learning Disability Strategy be noted.

11 **GEOGRAPHICAL ALIGNMENT ACROSS PUBLIC SERVICES**

The Board received a report seeking endorsement for partners to progress with geographical alignment across the whole system, including health and social care and wider public services, at populations of 30-55,000 to better enable integrated services to deliver improved outcomes for people and communities in Oldham.

Experience and learning from health and social care and other forms of integrated working had led to agreement in Oldham and Greater Manchester (GM) to scale up place-based integration across the whole system of public services at populations of 30-55,000 so that resources could be better directed to people and communities. This approach had the support of Oldham partners through the Joint Leadership Team and the Oldham Leadership Board and at GM-level through the Wider Leadership Team and the GM Health and Social Care Partnership. Oldham did not currently have coterminous boundaries across all public services making it difficult to achieve full integration and reform of public services as resources and capacity do not align.

The report considered existing forms of multi-agency integration that had already occurred to date and explored the need for geographical alignment at populations of 30-55,000 which was considered to be the optimum size to create economies of scale while remaining small enough to be locally sensitive. Five service footprints based on Ward boundaries had been considered by partners to be legitimate building blocks for service footprints and a number of partner agencies had signed up to amend their existing boundaries to achieve alignment. To reach decisions on geographical alignment a series of criteria and supporting principles, presented within the submitted report, had been determined to assess feasibility. Once agreement was reached, submissions for formal approval would be made to the Council and the Clinical Commissioning Group.

A Member noted that some proposed areas contained some significant social differences within their boundaries and advised of concerns expressed about distances to be travelled to attend a single point of service in an area. In response it was acknowledged that such differences did exist, but that there was an expectation that services would be provided locally from, for example, three delivery points if that was what was needed in a particular area.

RESOLVED that –

1. the proposal to develop coterminous public service footprints at populations of 30-55,000 across the Borough be endorsed;
2. the approach to geographical alignment being progressed on the basis of five footprints using Wards as the building blocks for alignment be endorsed;
3. the criteria and principles by which a decision on geographical alignment will be reached be endorsed;
4. the next steps and decision-making process to progress geographical alignment be noted.

12 **DATE AND TIME OF NEXT MEETING**

RESOLVED that -

1. the meeting of the Board scheduled to be held on Tuesday, 10th December 2019 as a Development Session be cancelled;

2. the meeting scheduled for Tuesday, 28th January 2020 at 2.00pm be now held as a Development Session.

The meeting started at 2.00 pm and ended at 4.00 pm

Report to HEALTH SCRUTINY COMMITTEE

Talking About Dying: A Review of Palliative and End of Life Care in Oldham

Organisation: Healthwatch Oldham

Report Author: Julie Farley, Manager Healthwatch Oldham (who has recently changed employment)
Contact for more information: Ben Gilchrist, Interim Manager Healthwatch Oldham – ben.gilchrist@actiontogether.org.uk; 07525030495

12th June 2020

Reason for Decision
Healthwatch Oldham has undertaken an End of Life Review to gather the experiences of families and carers who have supported a family member through palliative and end of life care in Oldham. The review was triggered by the highlighting of issues faced by carers supporting loved ones at the end of their life, comments about the lack of community bereavement support, mixed feedback from families accessing palliative and End of Life (EOL) care, and an increase in the number of Do Not Attempt Resuscitation (DNAR) complaints. The review findings and draft recommendations are presented in the appended report

Recommendations
That the Health Scrutiny Committee is asked to consider the appended Healthwatch Oldham report "Talking About Dying: A Review of Palliative and End of Life Care in Oldham" and provide any comments or observations as to the findings and draft recommendations prior to the formal conclusion and sign-off of the report.

Talking About Dying: A Review of Palliative and End of Life Care in Oldham

1 Background

1.1 Between July and December 2019 Healthwatch Oldham carried out a review of palliative and end of life (EOL) services in response to a number of highlighted local issues. This provided an opportunity for local people to share their experiences, thoughts and wishes to help inform best practice and shape local services.

1.2 The Review is made up of feedback from three different surveys which gathered views from the general public, from families with experience of supporting a family member at the end of their life, and from professional involved in EOL care and support.

1.3 The detailed responses arising from the consultation, along with the Key Findings are fully detailed within the appended report "Talking About Dying: A Review of Palliative and End of Life Care in Oldham".

1.4 The report makes detailed recommendations which are aligned under the Greater Manchester Health and Social Care Commitments. These commitments set out what individuals with palliative and end of life care needs can expect across Greater Manchester and provide a baseline to measure the quality of care provided in Oldham.

1.5 The detailed recommendations, on which the Health Scrutiny Committee are asked specifically to review and comment on are listed at pages 9 to 10 in the Healthwatch Oldham report and are listed in full below –

1. **Coordinated Care** – Establish a **Lead Provider Model** for Oldham where EOL services are centrally coordinated across different settings and practitioners to ensure continuity of patient-centred care. Staff teams in the EOL hub should mirror and integrate with each of the 5 neighbourhood cluster teams and the local MDT would be responsible for assigning a key worker as the main point of contact for the EOL patient and their family. This model should include increased access to and usage of shared digital records between professionals to improve both continuity and quality of care.

2. **Timely Identification** – Ensure that patient reviews will actively prompt practitioners to identify people within or approaching the last year of life, particularly people with co-morbidities. This will help to ensure the smooth and timely transition from palliative to EOL care.

3. **Planning Care** – Provide training and consistent guidance on the production of holistic EOL Care Plans which include the identification and management of underlying health conditions, the preferred place of care and death, and consider the need for a Carers Assessment. Practitioners should encourage the individual to share their EOL wishes with their family, including thoughts on DNACPR, whilst respecting the wishes of individuals who do not want to discuss or plan for their EOL.

4. **Communication** – The Lead Provider Model should include mandatory EOL training for professionals across acute and neighbourhood settings covering all aspects of EOL communication, from delivering a terminal diagnosis to conversations during bereavement. The training should focus on managing sensitive issues with compassion, giving clear information to the dying person and their family about what to expect, and offering time for questions. The patient and family experience should be measured annually through carer/family feedback.

5. **Consistent Care** – Working closely with each neighbourhood cluster the Lead Provider Model should introduce measures, including an assigned EOL Key Worker, to limit the number of different people involved in the ongoing care of the patient.

6. **Hospice at Home** – For people who want to die at home the Lead Provider Model should ensure that EOL care is managed by the Hospice at Home Service and ensure reliable access to pain relief 24 hours a day.

7. **Information and Advice** – The Lead Provider Model, in partnership with the Macmillan 1 To 1 Service, should develop consistent information and advice resources across a range of EOL conditions to help families prepare for legal and financial issues, and any final medical wishes.

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2. Issues for the Health Scrutiny Committee to consider

2.1 The above Healthwatch Oldham recommendations are still draft and are subject to any comments or observations that this Committee might wish to make.

3. Background Papers

3.1 There are no background papers to this report.

4. Appendices

4.1 Healthwatch Oldham report “Talking About Dying: A Review of Palliative and End of Life Care in Oldham”

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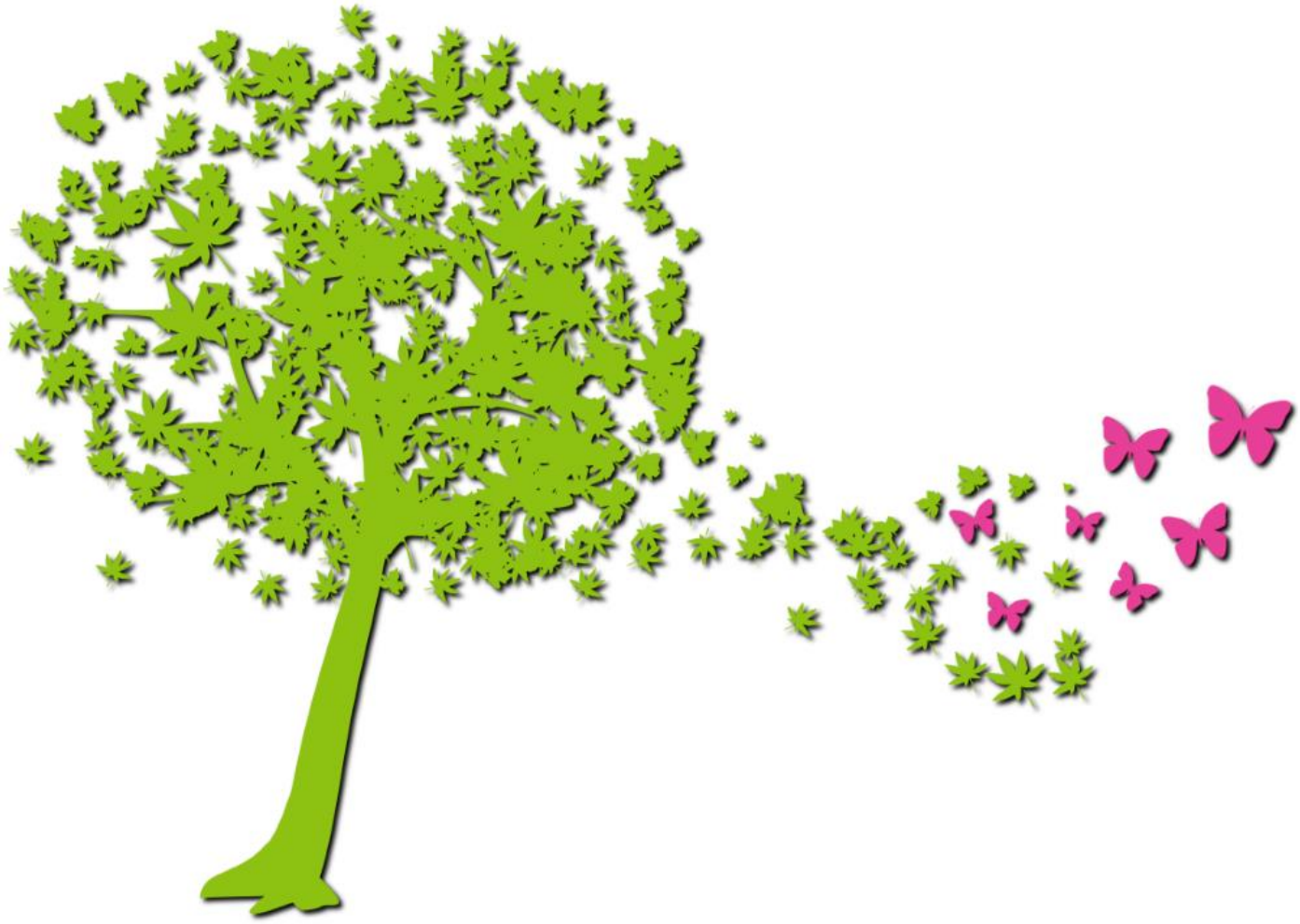

Talking About Dying

A Review of Palliative and End of Life Care in Oldham

December 2019

What could we do better?

This report presents the feedback from over 180 people who took part in the Healthwatch Oldham End of Life Review.

The review shares the experiences of families and carers who have supported a family member through palliative and/or end of life care. It also provides an insight into what some Oldham residents think would be important to them at the end of life and how comfortable they feel talking about dying and sharing their wishes with family and friends.

We recognise that talking about death and bereavement can be very upsetting and we want to thank all the families, carers, partners and friends who took part in this end of life review. Their willingness to share very personal and emotional experiences will help others by informing the recommendations in this report and helping to shape end of life services across Oldham.

We would also like to thank the practitioners and organisations who completed the professional survey for their honesty and vital insight into the realities of providing care, and for taking the time to meet the Healthwatch Oldham team to explain how end of life services operate across Oldham.

Disclaimer: about our research

Please note that the stories within the report are subjective accounts by individuals given on the day they were interviewed, and do not represent the views of Healthwatch Oldham. Healthwatch Oldham carries out research in line with accredited guidelines set out in Healthwatch England's Research Framework. We aim to identify what matters most to people and use our findings to ensure that people's voices influence and improve the quality of local services.

If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via info@healthwatcholdham.co.uk.

Contents

Executive Summary

Background

Between July and December 2019 Healthwatch Oldham carried out a review of palliative and end of life (EOL) services. This was an opportunity for local people to share their experiences, thoughts and wishes to help inform best practice and shape local services.

Families and carers shared their stories of supporting a loved one at the end of their life. The review gathered the experiences of Oldham residents using Oldham services as well as a small number of residents who accessed palliative services in other parts of Greater Manchester. Through in-depth interviews we identified recurring themes and challenges faced by families as well as the key attitudes and types of care that make a good end of life experience. These findings have informed our recommendations.

We also recognise that people can be reluctant to discuss death and dying with family and friends. So, we invited the general public in Oldham to tell us what they thought would be important to them at the end of their life and what stops them talking about dying.

The review was chosen in response to the following:

- Oldham Carers' Partnership Board highlighting issues faced by carers supporting a loved one at the end of their life.
- Saddleworth District Centre Partnership highlighting a lack of community bereavement support.
- The NHS Advocacy Service receiving mixed feedback from families accessing palliative and EOL care and an increase in the number of Do Not Attempt Resuscitation (DNAR) complaints.
- Work by the Greater Manchester Health and Social Care Partnership to develop EOL commitments.

The review also recognises several new Oldham initiatives designed to improve palliative and end of life experiences for patients and families. Initiatives include the creation of five neighbourhood based integrated health and social care teams, the SWAN end of life service at the Royal Oldham Hospital and the Hospice at Home service provided by Dr. Kershaw's Hospice.

What is palliative and end of life care?

Palliative care is the diagnosis, treatment, care and support for people with a life limiting illnesses that cannot be cured. Palliative care can include help with day to day tasks, managing pain, aids and adaptations, emotional and psychological support, and support for carers and family. Some people can receive palliative care for several years.

In contrast end of life care involves care and support for people nearing the end of their life. This is an important part of palliative care and can include the final year of life but more often it relates to the final months or weeks. End of life care also involves talking about and planning for what people want and can expect as part of their end of life.

Palliative and EOL care are delivered by a range of different services and organisations across Oldham. These include hospital services, social workers, district nurses, GPs, hospice, care homes, private care agencies and voluntary sector services.

The review found that people going through palliative care regularly deal with at least four different services at any given time. So, we wanted to find out how well services are coordinated across different settings and how well they work together in the interests of the patient and their family. We also wanted to explore how well services respond to the changing needs of patients moving from palliative to end of life care and how they always ensure consistent high-quality care. The review is also designed to explore the experiences of carers both during their caring role and through bereavement support.

What we did

Between July and December 2019 Healthwatch Oldham carried out three different EOL surveys:

Survey 1: Healthwatch Oldham 100 - Talking about dying

We used the short Healthwatch Oldham 100 survey to ask the general public how comfortable they feel talking about dying and sharing their wishes with family and friends. We also asked what factors they felt would make a good death. Members of the public completed the questionnaire online or in person at one of our community events. A total of 131 people completed the short survey.

Survey 2: In depth Interviews - Supporting others through their end of life

In depth 1 to 1 interviews were carried out with families to gather their experiences of supporting a family member at the end of their life. The questionnaire was also available to complete online through our website. We appreciate that talking about death can be upsetting so information on a range of bereavement and counselling services was included with the questionnaires and as part of the interviews. The survey was advertised through Healthwatch Oldham e-bulletin, social media and promoted through the Oldham EOL Partnership. A total of 22 families took part in the survey.

Survey 3: End of life Survey - Questionnaire for professionals

The final survey was a short questionnaire sent out to professionals involved in the treatment or support of patients accessing palliative or end of life care. The professional survey was launched in September 2019 to allow time to analyse data from the first two public surveys and use any recurring themes as the basis for the questions. The aim was to seek the views of professionals on these themes and explore potential solutions. A total of 31 professionals completed the survey.

Key Findings

Families and carers shared many positive experiences about palliative and end of life care in Oldham, and 65% of respondents felt that the person they cared for had the best possible end of life.

When it works well care reflects the wishes of the patient and their family and is well coordinated across a range of settings including acute hospital services, GPs, community nursing teams and the hospice. Families who had a positive experience talked about professionals being patient and taking the time to talk, and staff providing care with empathy and compassion. Other key factors include effective symptom management and timely pain relief, and easy access to information and advice 24 hours a day. Whilst being in their preferred place to die was important, families understood when this was not in the interest of their loved one. Being surrounded by family or close friends at the end of life was the most important factor.

Families with a good experience of services tended to be those who were diagnosed early and did not have any other underlying health conditions to complicate the diagnosis or care pathway. It works well when all the care and emotional support for the patient and family are coordinated from one service such as the SWAN hospital service or Dr Kershaw's Hospice, and where the needs of the carer are recognised and supported in a timely way.

60% of respondents said they would prefer to die in their own home and for many families this was a positive experience. Frustrations with care at home arise when families struggle to access timely treatment, information or support. Feedback highlighted the unreliable access to pain relief during evenings/weekends when fewer district nurses were available, resulting in one patient dying in pain.

Patients with two or more chronic conditions often had a poor EOL experience as a result of confused symptoms and being passed around different services without a main point of contact.

Perhaps the most telling feedback is the extent to which palliative and EOL services rely on the role of unpaid carers to coordinate and in some cases provide practical and personal care 24 hours a day. This role can be made more challenging with delays to EOL funding caused by complicated processes for Continuing Healthcare Funding (CHC funding) or disputes between services.

Coordinated Care:

When it works well there is good communication and central coordination of services across different settings with professionals working together to ensure continuity of patient-centred care. Examples included the GP, hospital or hospice each acting as a central coordinating point for multi-agency support.

Good coordination is underpinned by holistic care plans produced in a timely way to identify the practical, social and emotional needs of the patient and unpaid carer. When it works well care plans are shared with relevant services to ensure teams work together in line with the patient's wishes and actively engage with the family involved in the wider care of the person at end of life. Only 23% of families in the review were aware of a care plan for the person at the end of life.

50% of families were responsible for coordinating an average of 4 different services providing treatment and care to the person at the end of their life. Carers on their own often struggled with the pressure of this role especially where the person they cared for had more than one condition and it wasn't clear who to contact.

Communication:

Feedback from families and professionals raised several communication issues.

When it works well professionals take the time to communicate clearly, explain medical terms and show compassion and empathy. Families said that the way the diagnosis was communicated and having time to talk to professionals was key to helping them deal with upsetting news. 53% of families in the review said that the diagnosis was handled sensitively.

Families get frustrated when they are asked to repeat their stories either to different services that should be working together or to different staff from the same service. Examples included poor communication by consultants within the hospital setting and between different district nurses looking after the same patient. Families felt this was due to poor record keeping on patient notes and lack of consistent care. However, some professionals said that asking a patient to share their story is often a way to get to know a family and help build a relationship.

Families who felt they had a poor experience included those who received upsetting information or a diagnosis in a public space and not knowing who to speak to for ongoing advice.

Professionals highlighted their own frustrations about the time wasted trying to track down information about patients and families due to different referral processes and different IT information systems.

Coexisting Conditions:

64% of people who took part in the review had more than one diagnosed health condition as part of their palliative and end of life care.

Patients with more than one condition often experienced different levels of care compared to those with a single terminal condition. Often this was due to confused symptoms which delayed the terminal diagnosis or complicated

the care pathway. The delay is important as having a terminal diagnosis appears to be the key to a smooth transition from palliative to EOL services and treatment.

Families were frustrated where they struggled to manage conflicting symptoms and felt they were not being listened to. Examples include underlying conditions such as dementia, alcoholism and mental health delaying a terminal diagnosis and where the associated challenging behaviour impacted on the quality of care.

Timely and holistic care plans are needed that actively address each condition and proactively identify and address the management of any challenging behaviour as part of the EOL care.

Access and choice of care:

Families said they would welcome more flexibility of EOL services and easier access to EOL advice and support 24 hours a day.

45% of families who took part in the review experienced end of life care at home. Being able to die in their preferred place was often the key to a good end of life experience. However, families who had a poor end of life experience at home were those who struggled to access support, timely pain relief during the night, and where delayed end of life funding left carers providing all the care 24 hours a day without any other support. Families were also frustrated by the inflexibility of care packages which have fixed daytime visits and a limited night sitting service. Some carers wanted more support at night so they could get some sleep.

Professionals said that improved 24 hour access to hospice, district nurses and specialist palliative nurses would improve EOL care for patients and their families. Some families also wanted easier telephone access to the district nurses and Macmillan nurses.

Quality of Care:

Feedback from families highlights how the quality of EOL care varies across different settings. It also varies depending on the individual professionals working with the family.

For many the district nurses and GPs provided a lifeline and families shared examples of best practice about individuals and teams coordinated from the neighbourhood clusters. However, experiences were very mixed.

Families were frustrated by rushed visits where the district nurse focused on a single task and ignored any wider care issues for the patient or carer. Some district nurses were aware of this and shared their frustrations at the lack of time they can spend with families which means wider issues are often ignored because they don't want to 'open a can of worms'.

Families were also frustrated where GPs failed to engage with the family to support the person at the end of life. Often this was because the GP was not aware the person was at EOL. Feedback from professionals highlight the lack of palliative and EOL knowledge within primary care as an issue.

Preparing for EOL:

Macmillan 1-1 Support appeared to be the only service that **routinely** provided information and advice to help families prepare for the full range of legal and final medical stages of end of life.

Some professionals focused exclusively on the completion of Statements of Intent and DNACPR (Do Not Attempt CPR). Many families (77%) had a DNACPR

in place however nearly half of these were completed without any discussion with the patient or family. Some families were frustrated to find out about it after the person had died. DNACPR guidance and practice varies and where it works well doctors follow the NHS England guidelines by taking the time to clearly explain their views and talk openly with the patient and family to answer any questions.

EOL Funding:

During the last three months of life 16 carers in our review provided over 12,000 hours of unpaid care; 7 of the carers provided care 24 hours a day.

This situation is often made worse as families struggle to access additional support due to delays with EOL funding. Families highlighted the complex processes for Fast Track CHC funding which caused significant delays to EOL care. Professionals making the applications often had to submit more than one application before being approved as they were not aware of the qualifying information such as the medical declarations and anticipatory medicine required for the application to be approved.

All this happens at an emotional time for the carer and in one case the delay resulted in the carer taking on unreasonable levels of personal care that impacted on their own health and wellbeing.

Role of unpaid Carers:

73% of carers who took part in the review felt that they were listened to by professionals and 55% felt they had enough information and support to help them in their caring role.

When it works well carers receive additional support from family, friends and services. Having a regular weekly break to socialise was important as well as having support from family to help make tough EOL decisions where the person being cared for does not have the capacity to make the decision.

The effects on a carer can be considerable both in terms of their physical and emotional wellbeing. Many struggle with the physical demands of lifting and moving the person they care for, often trying to prevent pressure sores. Some said they would welcome help from district nurses who visit regularly as well as access to training covering moving and handling, managing medication, and EOL symptom identification and management.

Bereavement support:

41% of carers who took part in the review were offered bereavement support.

The SWAN service at the Royal Oldham Hospital and Dr. Kershaw's Hospice already offer bereavement support to families using their end of life services. However, families outside of these services struggle to find any bereavement support within the community.

Carers providing care over a long period of time can struggle with loss of identity and role as well as grief following a bereavement. Many said they would welcome some follow up support. Carers and family members said that they would prefer to hear about bereavement support at the point of diagnosis or immediately following the death of their loved one.

Main Recommendations

Healthwatch Oldham's recommendations are based on the feedback and experiences of families, carers and professionals who took part in this review. The Oldham Health and Wellbeing Board will be responsible for reviewing and overseeing the delivery of the recommendations.

Where possible the following recommendations have been aligned with the Greater Manchester Health and Social Care Commitments. These commitments set out what individuals with palliative and end of life care needs can expect across Greater Manchester and provide a baseline to measure the quality of care provided in Oldham.

Recommendations:

1. **Coordinated Care** – Establish a **Lead Provider Model** for Oldham where EOL services are centrally coordinated across different settings and practitioners to ensure continuity of patient-centred care. Staff teams in the EOL hub should mirror and integrate with each of the 5 neighbourhood cluster teams and the local MDT would be responsible for assigning a key worker as the main point of contact for the EOL patient and their family. This model should include increased access to and usage of shared digital records between professionals to improve both continuity and quality of care.

2. **Timely Identification** – Ensure that patient reviews will actively prompt practitioners to identify people within or approaching the last year of life, particularly people with co-morbidities. This will help to ensure the smooth and timely transition from palliative to EOL care.

3. **Planning Care** – Provide training and consistent guidance on the production of holistic EOL Care Plans which include the identification and management of underlying health conditions, the preferred place of care and death, and consider the need for a Carers Assessment. Practitioners should encourage the individual to share their EOL wishes with their family, including thoughts on DNACPR, whilst respecting the wishes of individuals who do not want to discuss or plan for their EOL.

4. **Communication** – The Lead Provider Model should include mandatory EOL training for professionals across acute and neighbourhood settings covering all aspects of EOL communication, from delivering a terminal diagnosis to conversations during bereavement. The training should focus on managing sensitive issues with compassion, giving clear information to the dying person and their family about what to expect, and offering time for questions. The patient and family experience should be measured annually through carer/family feedback.

5. **Consistent Care** – Working closely with each neighbourhood cluster the Lead Provider Model should introduce measures, including an assigned EOL Key Worker, to limit the number of different people involved in the ongoing care of the patient.

6. **Hospice at Home** – For people who want to die at home the Lead Provider Model should ensure that EOL care is managed by the Hospice at Home Service and ensure reliable access to pain relief 24 hours a day.

7. **Information and Advice** – The Lead Provider Model, in partnership with the Macmillan 1 To 1 Service, should develop consistent information and advice resources across a range of EOL conditions to help families prepare for legal and financial issues, and any final medical wishes.

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Detailed Findings

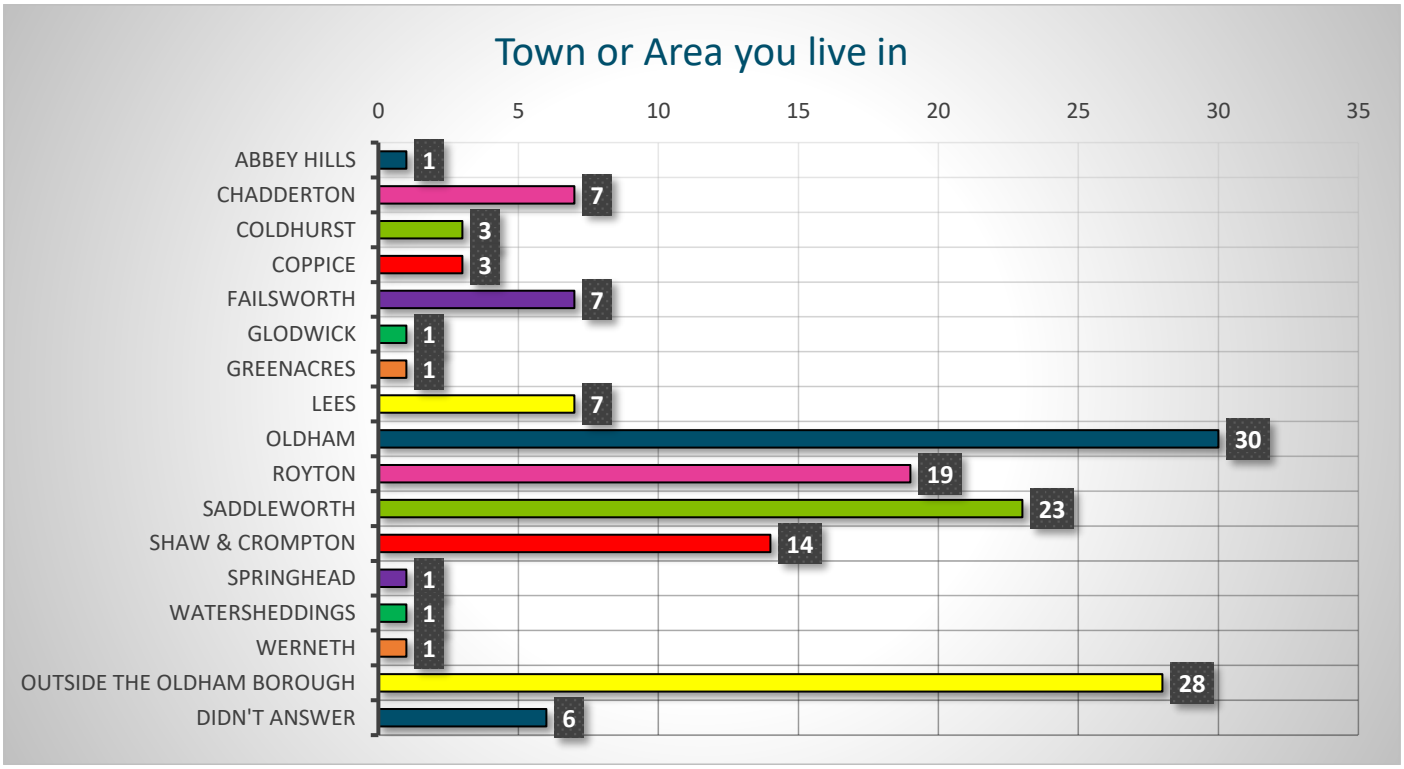
Profile of respondents

The following provides a profile of the 131 respondents who completed the Healthwatch Oldham 100 Survey plus the 22 families, carers or partners who took part in the more detailed end of life interviews.

A total of 153 people took part in the public survey, however not all the respondents completed all the questions. From the data we received we have been able to extract the following information.

Age Range	16-25	26-35	36-50	51-64	65+	Didn't Answer	TOTAL
Number of Responses	3	18	39	65	26	2	153

Gender	Male	Female	Transgender	Prefer not to Say	Didn't Answer	TOTAL
Number of Responses	26	121	1	1	4	153



Those who took part in the survey included Oldham residents using Oldham services; people living outside of Oldham using Oldham services; and family and carers living outside of the borough caring for someone at end of life living in Oldham.

Of the 153 people who took part in the surveys 69% (105) were White British or White Irish; 8% (12) were of black, Bangladeshi, Pakistani or Asian ethnicity and 24% (36) preferred not to answer this question.

Survey 1: Talking About Dying

The following infographic provides a summary of the feedback from 131 people who took part in our Healthwatch Oldham 100 survey. We asked members of the public what they thought would be important to them at the end of their life and how comfortable they feel talking about dying and sharing their wishes with family and friends.

Age Range	16-25	26-35	36-50	51-64	65+	Didn't Answer	TOTAL
Number of Responses	3	15	38	57	16	2	131

73%

Of people have spoken with their family and friends about death and end of life

59%

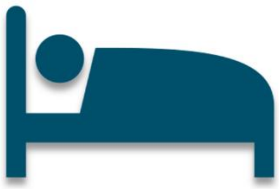
Of people say that their family and friends know their wishes

60%

Said that they would prefer to die at home

2%

Said that they would prefer to die in hospital



19%

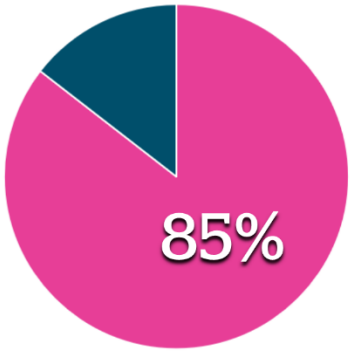
Said that they would prefer to die in a hospice

47%

Said that they knew they could write an End of Life Plan at any time

61%

Said that they would prefer to talk to family and friends to discuss and record their end of life wishes and plans

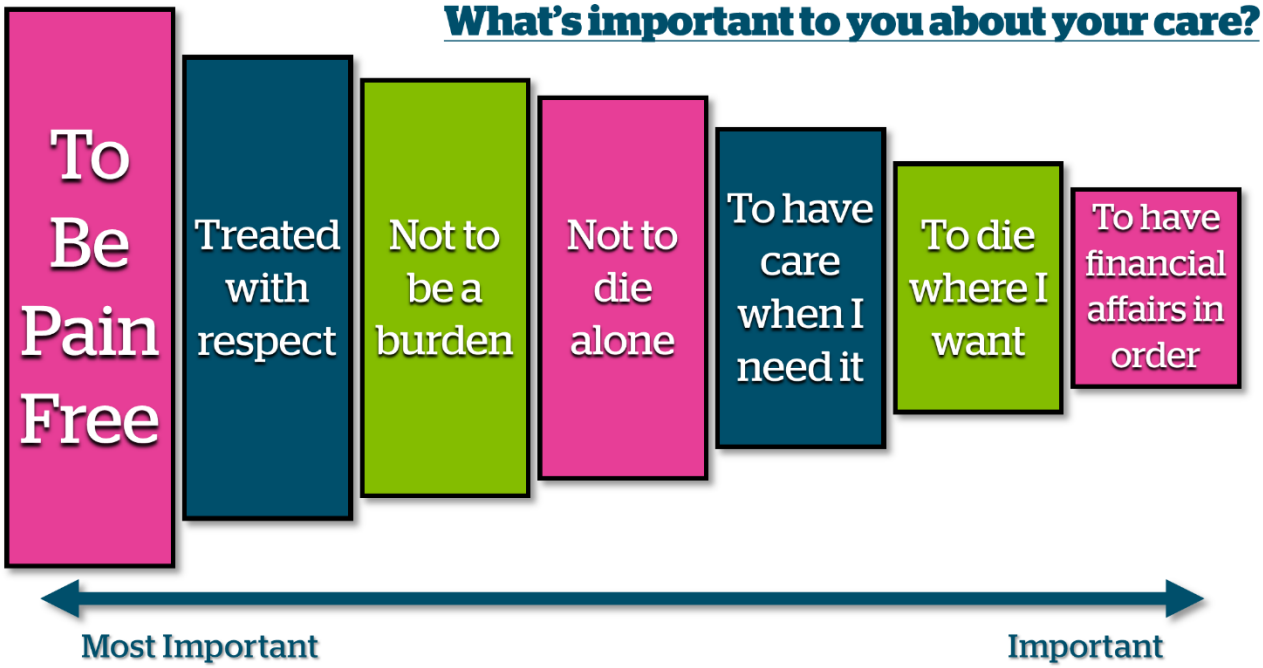


Of people stated they had experience of someone being on the end of life journey

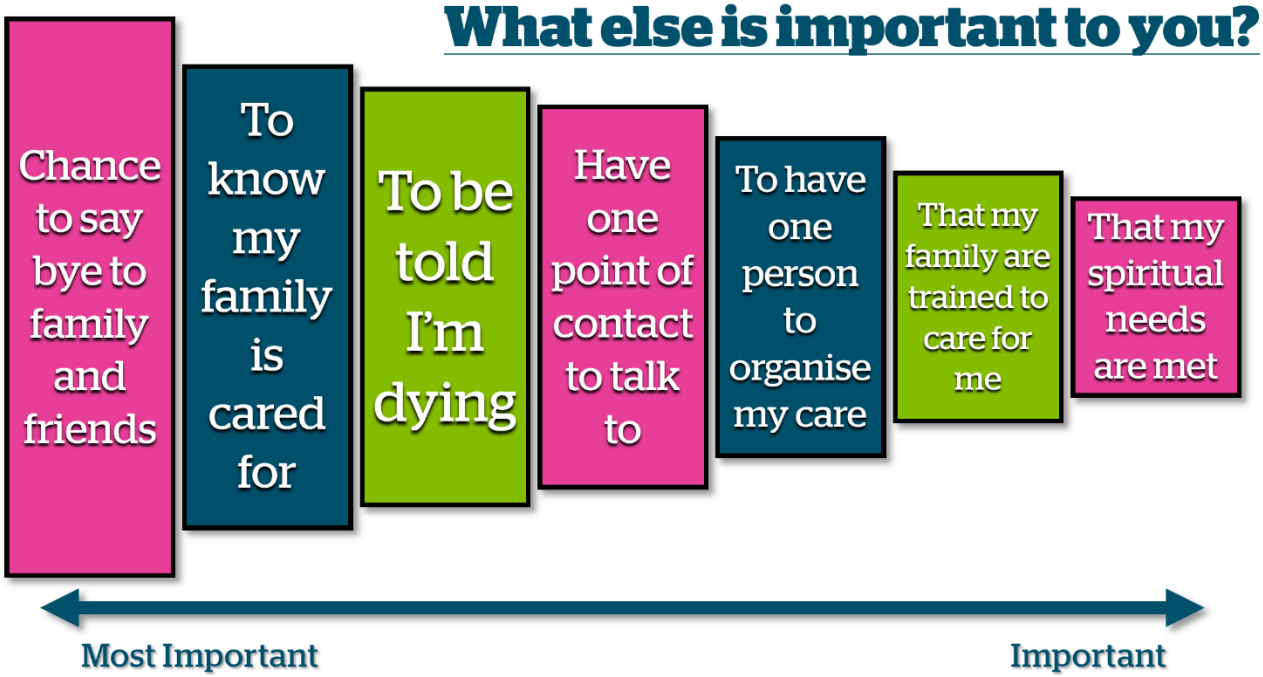
62%

Of people stated that completing this survey has prompted them to think about making their own end of life plan

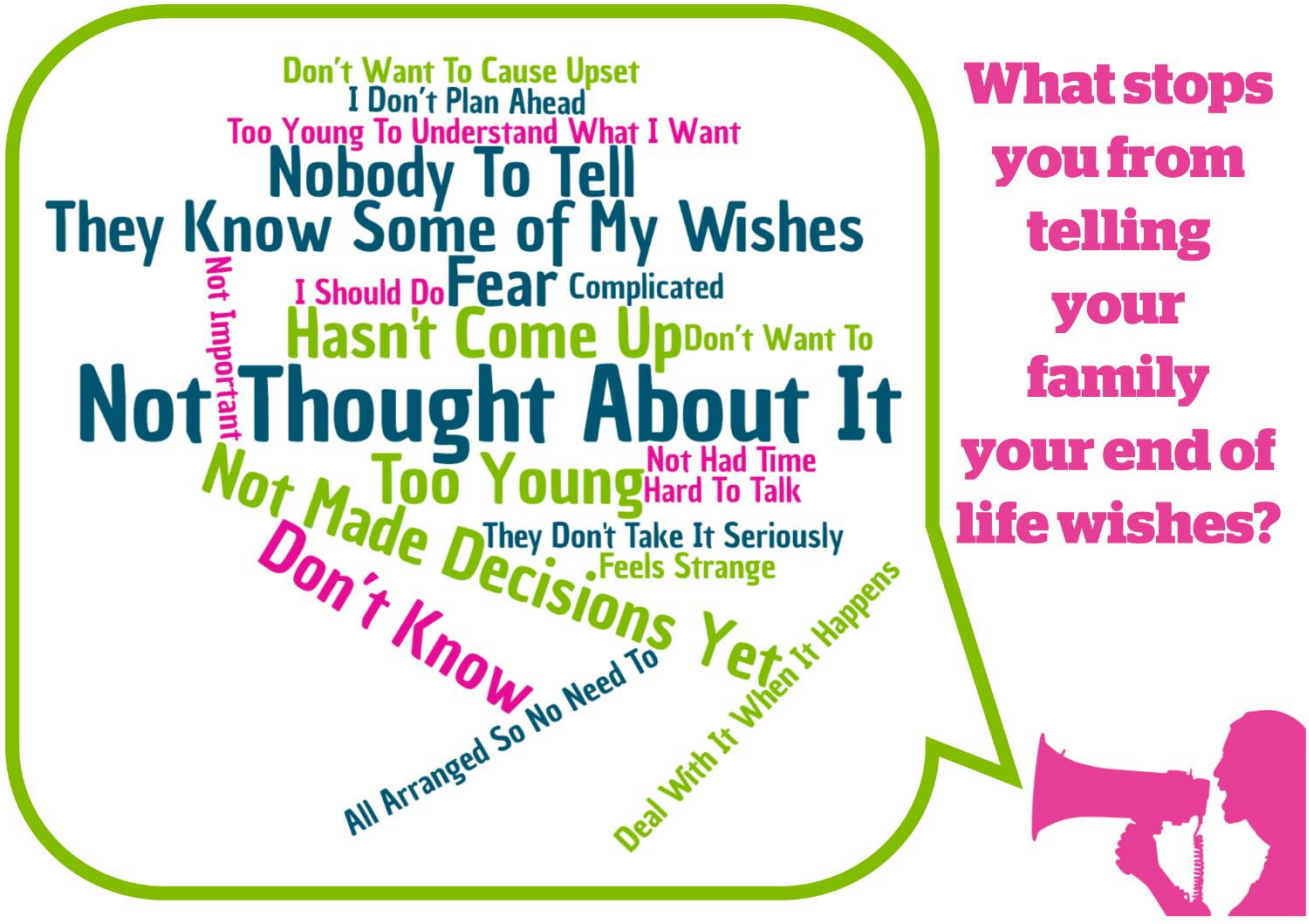
What's important to you about your care?



What else is important to you?



What stops you talking about death with your family?



What stops you from telling your family your end of life wishes?

Survey 2: In Depth End of Life Interviews

This section of the report shares the experiences of the 22 families, carers or partners who have supported a friend or family member through palliative and end of life services within the last 3 years. Of those who took part in the survey 55% (12) of the families supported someone within the last year.

The majority of those who carried out a caring role were female aged over 65 years whilst the most common age for the person at the end of their life was between 81 and 90 (9: 41%).

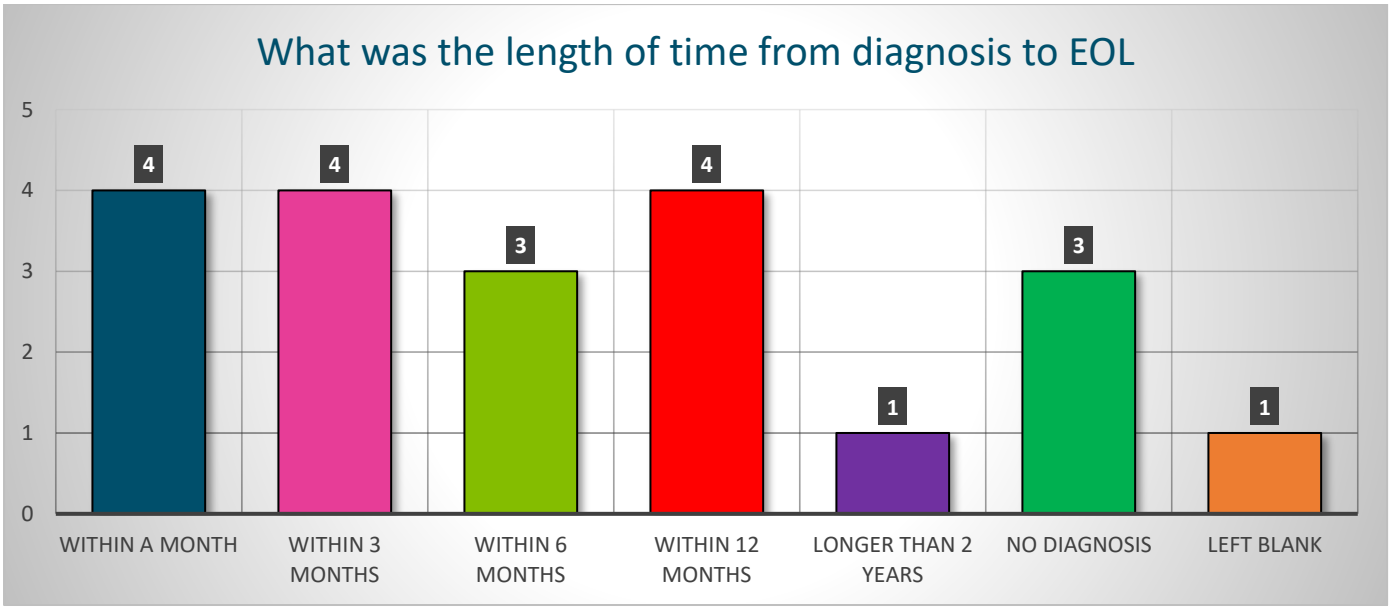
What was your relationship to the person that died?	
Husband/Wife	7
Partner	2
In-law relation	1
Grandmother	1
Adult Son/Daughter	4
Father/Mother	7

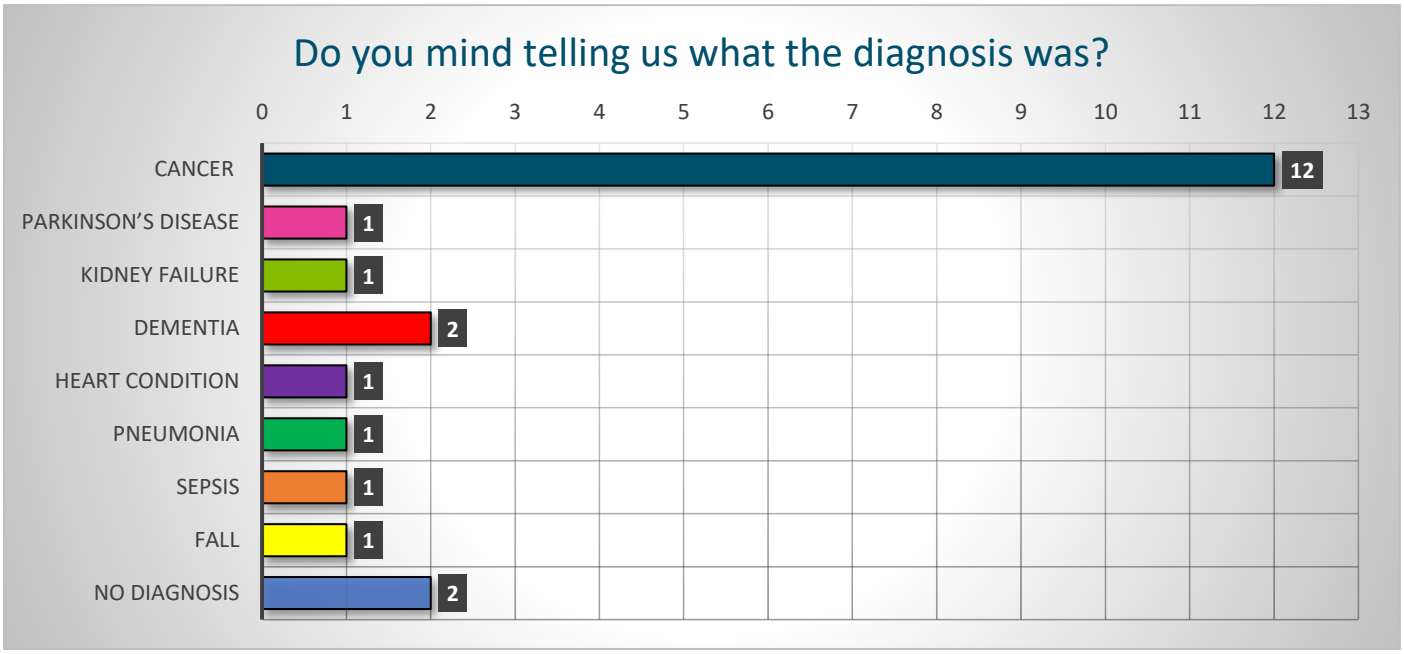
How old was your partner, relative or friend when they died?	
50 - 60	1
61 - 70	4
71 - 80	5
81 - 90	9
91 - 100	3

Identification

It is important that individuals approaching the last year of life should be identified as early as possible by professionals and the formal diagnosis and prognosis should be explained in an accessible and sensitive way. We asked families to tell us about the diagnosis of the person they cared for and how they were told.

Of those who responded to the survey 36% (8) died within 3 months of their diagnosis and 68% (15) died within 12 months of their diagnosis.





Of those who responded 55% (12) had a terminal diagnosis of cancer and 64% (14) had more than one health condition to manage as part of their palliative and EOL care. The most common underlying health conditions were depression (36%: 8), diabetes and alcoholism. Where the patient had a dual diagnosis of a terminal condition plus dementia or a learning disability or alcoholism these underlying conditions often masked symptoms and delayed the early identification of end of life. Patients with these dual diagnoses also experienced different levels of care compared to those with only one diagnosed condition.

Families had mixed experiences about receiving a diagnosis. Of the 15 families/carers who responded to this question 53% (8) said the diagnosis was handled sensitively and they had a positive experience compared to 47% (7) who felt the news had not been handled sensitively and said there was nothing positive about the experience.

When it worked well professionals took the time to communicate clearly, explained medical terms and answered any questions the family had. Professionals also gave the diagnosis with compassion and empathy. Families who said they had a poor experience received a diagnosis in a public space where others could hear and others felt the diagnosis was treated as a routine conversation by professionals.

"My Grandma said she couldn't fault The Chrisities from the beginning, always happy with treatment and care. They told her the news compassionately and answered all her questions."

"No, nothing could have been done differently… there was one or two doctors and the Macmillan Nurse came in."

"We were both shocked about how he was told he had a terminal illness. The nurse/practitioner had his x-rays in front of her and her words to him were "well, what do you think is wrong with you?" to which he said "well obviously now, from your question, I think I have cancer". Cancer had never entered into our heads so of course it wasn't a good experience."

"The consultant was explaining it in medical terms…but X was quite direct and just said have I got cancer and he said yes."

"More empathy"

Whilst one family preferred to be left alone after the diagnosis overall those who were more positive about the experience said it was because they had professionals with them who they could talk to and felt well informed. Feedback from families show that the way the diagnosis is given is key to helping patients and families deal with upsetting news.

As the person caring for your family member or partner - what would have helped you at the point of diagnosis?

Many of the cases involved more than one member of the family contributing care and support and, in some cases, this provided vital support to the main carer within the family. Those who struggled tended to be family members who had the responsibility of making end of life decisions on their own. Many talked about the impact of caring on their own physical and mental wellbeing.

"I got all the support I needed from my two sons and their families."

"Felt supported by hospital staff and also MacMillan staff based in the hospital and in community."

"We were fully supported by the (SWAN) staff at Royal Oldham hospital. We were put in a side ward and made it our home for a week. We were visited by the end of life representative and could not have asked for anything more, even provided us with toiletries donated by a local guide group. My husband was attended by a family member 24/7 throughout the week and a put-u-up bed was provided."

"A phone call after to help me understand the process."

"Follow up support - not to be discharged with a bag of end of life medication."

"We had very little support throughout her illness and fell through the net. Just a single visit from Macmillan and NO follow up at all. Left completely on our own to struggle, with no support from anywhere..."

Treatment

For most of the families who responded treatment was not an option either because it was not appropriate, or because the diagnosis was made in the latter stages of end of life when it was too late for treatment to be effective. Of those who responded they said that the speed of treatment following diagnosis was what they expected.

> *"Spending the last few weeks of my partners life going from one hospital to another [was not good]. On reflection it was pretty futile but of course at the time we didn't realise how little time he had left."*

Care

Tell us about your experiences of end of life care

End of life care generally refers to the last year of life or more often the last few months or weeks. The 22 families told us about their experiences of end of life care in several different settings:

- Care at home
- In the hospice
- In a care home
- In hospital

When it works well people approaching end of life are offered a personalised assessment designed to capture their wishes and ensure a smooth transition between palliative and end of life care. The Care Plan is reviewed regularly to respond to any changing needs and also takes into account the wider support needs of carers. Only 5 (23%) families were aware of a Care Plan for the person at the end of life. However, this may be due to terminology as most families talked about having regular discussions with the GP, social workers or palliative nurses about the care they wanted, but this was not always presented as a formal Care Plan.

Palliative and EOL care is delivered by a range of services and organisations across Oldham and our survey found that people are often in contact with several services at any given time. So, we wanted to find out how well services are coordinated across different settings and how they work together in the interests of the patient and their family.

Families shared many positive experiences about the different health and social care services they came in to contact with. Often this was due to the attitude of an individual, so we have tried to capture the characteristics that make a particularly good or poor experience.

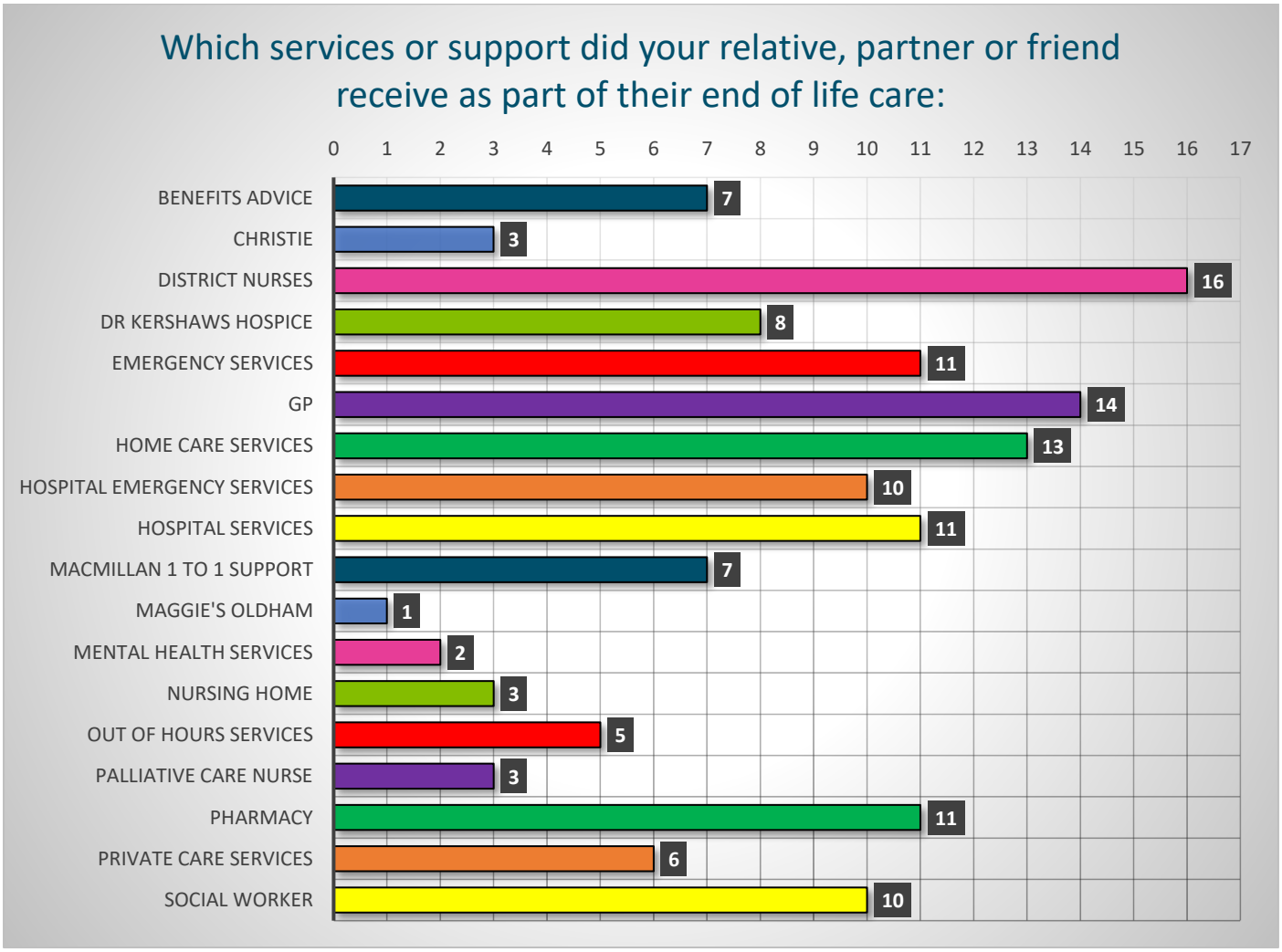
Where it works well there is clear communication and central coordination between generalist and specialist care services who are working in the interests of the patient and the family. This includes multi-disciplinary teams working together to address the practical, personal and emotional needs of the patient and their family or carer as well as providing consistent care regardless of any underlying health conditions or time of day.

> *"All the services Mum received were compassionate, efficient and supportive to the family as well as Mum. Always on the end of the phone and responded quickly in crisis."*

"All the different services worked well together. For example, the ROH advised the GP practice when Dad was being discharged and the GP would arrange for the District Nurse to come the following morning. There was really good communication and coordination between services."

"There were so many support services helping X that sometimes I struggled with the pressure of coordinating all the different visits and services. My husband was able to help, and he became the main contact for services so I could concentrate on X."

Tell us a bit about services



The following provides a snapshot of the care provided by these services:

Tell us a bit about the GP service

For many families the GP provided a lifeline and when it worked well the GP took time to listen to concerns, provided reassurance, communicated well, carried out thorough checks before prescribing medication and coordinated community services following discharge from hospital. In short, they actively engaged with the family in the care of the person at end of life.

Families were frustrated when the GP failed to engage with the family to support the person at end of life either because they were not aware that the person was at this stage or because they saw this as the responsibility of specialist services. Families and professionals recognise and value the central role played by GPs, and they want the GP to know which patients registered with their practice are at end of life and consider this when families contact for support.

"Dr x cared for me as much as he cared for my parents. If he was passing, he would bob in to see my parents then would phone with suggestions on what to do...He respected the way we wanted to do things as a family. I trusted him completely."

"When I was losing it as I was so exhausted, and my head was mush balancing full-time work with full time caring he would let me rant"

"The GP was really reassuring and provided quick and effective care and support for Dad throughout."

"As soon as I contacted him to let him know the District Nurses hadn't been out to change Mums dressings for a few days he straight away got in contact with the Community Matron who came straight out to see me"

"[The GP] said I could have something just to calm him, his Dementia… was really hard work…[the GP] prescribed Diazepam but didn't see him. I rang him again because he was in excruciating pain and he prescribed tramadol, then liquid Morphine without seeing him. [Daughter] requested that [the GP] come out to see him that day when she was here but [the GP] refused. It wouldn't have stopped the Dementia, but it might have stopped the stroke"

"Treatment and care from his original GP was appalling, so changed GP and received outstanding service, during treatment and beyond."

"At the beginning the GP wasn't that helpful as X had a history of drinking so they just put it down to that. Once diagnosed with Cancer the GP was good."

Tell us a bit about the pharmacy service

Overall families expressed satisfaction with the pharmacy service and valued their knowledge and advice about medication and the fact that some individuals 'went the extra mile'. However, some families were frustrated with the lack of privacy and were not comfortable discussing sensitive issues such as incontinence, in a public space.

"The delivery person was marvellous, if I was at work or not there he knew to leave things in the kitchen, he would shout up to my parents to say he had dropped the products off, and would switch the kettle on for them."

"Helpful with volume of medication."

"Services could be explained to carers in a quiet environment not at public counter."

Case Study 1: Bert's Story

Bert started with horrendous headaches. The GP said he needed sugar in his body, and we should just give him sugary drinks, he didn't prick his finger to check. Bert was in bed with terrible pain so wouldn't eat or drink, he just wanted tablets. I took him to A&E at the Royal Oldham Hospital who said they would keep him in for an MRI scan. That night he was worried about dying so he wouldn't close his eyes and talked to keep himself awake. Staff saw him as a nuisance and wanted to get rid of him, so they sent him home the following morning without the scan saying there was nothing wrong with him. They never asked me. He had a stroke later that day at home. Bert then had to manage the effects of a stroke, vascular dementia and Non Hodgkinson's Lymphoma.

The District Nurse said she would ring every Wednesday. The first Wednesday she didn't ring nor the second, so I rang her and said he's got pressure sores. She organised some barrier cream but never asked if he needed a wash, how I was managing, or how I was getting him to the toilet. She was there five minutes. The last two or three weeks were difficult. He started falling because he was in so much pain and I was trying to pick him up off the floor. It got so he was unable to move himself at all, he forgot how to sit on the toilet.

It wasn't until he got to Dr Kershaw's that it changed. They were wonderful. Initially he went in for 2 weeks and they sorted his medication and shaved him. He wouldn't let me shave him. Within two days of being in the hospice he was clean shaven because they were giving him the right medication and pain relief – Morphine tablets at first for two days but then he couldn't swallow them, so they put him on a shunt. He slept a lot, but he was comfortable. They were wonderful; they kept him clean, kept him pain free, they had music going for him. In the morning the nurse would say "We've been watching Homes Under the Hammer; we're not going to buy a 'doer upper' are we Bert?" She took away all the embarrassment out of the situation and looked after me, checking I had eaten. All of them are fabulous.

Tell us a bit about Hospital In-patient Services

Most of the feedback involved Oldham residents being treated at the Royal Oldham Hospital (ROH) and just a few being treated at other hospitals across Manchester.

Families spoke highly about the SWAN end of life service at the ROH. The service uses a swan symbol next to the patient's bed to represent end of life and allows relatives open visiting around the clock. The swan also acts as a reminder to staff to be extra caring and to pay extra attention to relatives and friends whose loved ones are in the last stages of life.

However, people without an EOL diagnosis accessing palliative care on a general ward had mixed experiences. Families were frustrated when they had to repeat their information several times to different doctors on the same ward and where they experienced long delays when they were told they were about to be discharged home.

Some families also praised the ambulance service which took them into hospital both for their speed of response and ability to remain calm under pressure.

"The ROH was good with the communication and information about Dad. Even though they were always busy they made time to talk. We were always able to speak to senior nursing staff and they always gave us plenty of notice about hospital discharge. I was impressed that they would not let Dad go home until the adaptions at home were in place - they were very efficient."

"The care at North Manchester Hospital Critical Care Ward was absolutely amazing and could not have been better, apart from one doctor telling us they were terminating treatment on the Tuesday night, so we prepared for withdrawal of the ventilator and then he changed his mind about 9pm and said he wanted to wait until the following day for the other doctors to confirm. He sent the nurses to tell us."

"The attention from the (ROH SWAN) medical staff was second to none. My husband was treated with the utmost respect, and attention to cleanliness and comfort were unquestionable."

"I really can't fault the care and attention Dad received. We had a follow up call from the ROH to check how Dad was doing and the hospital Dieticians helped when he was struggling to swallow, and District Nurses constantly checked for pressure sores."

"Mum was deteriorating rapidly…we left drink but the following day it had not been touched because the table was moved away from her."

"Very matter of fact - like it was just one more in whole lot of other people."

"Nurses were over stretched on all the wards but on the female medical ward a Polish cleaner was fetching things for patients, really helpful. Need more staff and to be more caring - too many agency staff."

"One time after she had been sent home a taxi driver came with a bag of medication sent by the hospital. We had to ask the DN if she knew what it was."

Tell us a bit about the District Nursing service

The feedback about the District Nursing service was very mixed. When it worked well the district nurse (DN) provided holistic support for the patient and the family or carer, ensured regular contact, and was easy to access regardless of the time of day. The DN Team in Oldham's South Cluster were praised for allocating the same nurses to one family ensuring continuity of care and a trusting relationship.

The key concern for families providing EOL care at home was the uncertain access to pain relief particularly through the night when there were fewer nurses available. Families were also frustrated if they felt the DN focused on a single task for the patient and did not take into account the wider needs of the family or consider how the carer was coping with the physical and emotional demands of their caring role.

"Nothing was too much trouble."

"The DNs were really lovely. They healed his leg ulcers, offered constant care and wrote copious notes so that the family knew exactly what was happening. The outcome was perfect. We could ring them at any time to discuss his care."

"They had a great manner with Dad and he enjoyed chatting with them. They were extremely competent and personable. Dad didn't have the same Nurse each time but there were some regular ones."

"Absolutely wonderful, so caring. One day before leaving gave personal number for family to contact."

"x and x provided excellent care. Without their support the situation would have been practically intolerable, as there was no support from the GP other than to complete the Statement of Intent."

"We had 17 different District Nurses over a period of 12 to 14 weeks, they were all from different teams I felt we were an inconvenience to them, the odd one was nice. Their note keeping was appalling and each time they came I had to say the same story. They would not turn my father as he did not have pressure sores, so I had to do this to prevent them from developing."

"It would help to know when the nurse is coming, however I appreciate this can be difficult, I couldn't take her out some days as no allocated time bracket maybe am or pm slots could be offered."

"The DN came to change the dressings on my Mums legs as she had Lymphedema…DN also attended my father but they would not attend to my mother when they dealt with Dad even though Mums dressings were leaking. I was told I had to wait for the team that dealt with my Mum. There was a lot of politics between teams which they discussed in front of myself and my parents."

"At night we had to phone up for pathway medication (pain relief). We phoned at night as she was screaming in pain, but they only have one DN on at night and they were in Saddleworth and couldn't get there so she died screaming in pain."

"Need easier access on phone systems."

Tell us a bit about Doctor Kershaw's Hospice

Feedback about Dr Kershaw's Hospice was overwhelmingly positive. Families praised the quality of care, empathy and compassion shown by the staff for the patient, carer and wider family.

Families also valued their focus on maintaining the patient's tidy appearance and dignity and recognising what is important to them. Hospice staff also ensured timely and effective pain relief.

"The 24-hour telephone helpline was really good."

"Open visiting, Parking spaces (free), lovely caring staff, local to where our family lives, good environment."

"(Dr Kershaw's) palliative care carers would sit with Mum and spend time with her whereas the carers before only had a 15-minute slot."

"After Christies told Dad that he only had days to live the Helping Hands service started the following day and the support he received was phenomenal. I was spending all my time washing him and taking him to the toilet, but their support meant I could spend time talking and reading to him"

"Keep on with the Hospice at Home as they specialise in EOL care and know what they are doing."

"More beds to be available to have more capacity. When X passed, she was in a ward with curtains separating the cubicles, when it looked like she was getting near to dying the nurse offered to move X we said no as she looked comfy and peaceful. After she passed away we then wished we had said yes as there was a young patient opposite who had seen someone die a few days before, we held in our sobs, not crying as much as we could until she was moved, we hadn't realised we would also want to talk to her."

Tell us about any other end of life services

Many Oldham families shared positive experiences of the Macmillan 1 – 1 Support Service. Families praised their role in the coordination of services and the time spent with families discussing, explaining and helping to plan everything to do with the end of life care and support for those with cancer. However, there were mixed experiences about accessing the Macmillan nurses.

There was also praise for the specialist palliative nurses and social work team based within the Oldham Community Health Service.

"The Palliative nurse visited her every week; he was always on the end of the phone."

"Nearer the end Macmillan pulled out all stops and got place in [nursing] home then admitted quickly to Dr Kershaw's. They also organised transport."

"[Palliative nurse] is like a whirlwind she's the person you need when something goes wrong, she organised the Hospice... What a busy lady her phone did not stop going all the time… She was wonderful; I can't speak highly enough of her. They need more of her."

"The Social Worker sorted out Direct Payments these were organised through an appointed Social Care broker - who I dealt with and was lovely, but the pay roll was often wrong."

"[Following a fall] support services immediately came to help us. The OCAT assessment prompted a host of practical solutions including a keypad, emergency helpline, equipment and adaptations such as chair, railings, access step etc and involved Age UK Oldham."

"The Macmillan nurse only really got involved nearer the end. One day she asked, "where do you want to go for EOL?" then left and was on holiday for a week. Tried to contact her for an idea of timescale for EOL - this was a difficult lona week. No contact then until nearer the end."

"I couldn't get hold of the Macmillan nurse. I kept leaving them voicemails and they never contacted me."

"Dad was under Christies Hospital. By April he couldn't use cutlery, wash himself or get to the bathroom. We (daughters) provided all the personal and emotional care and were not aware we could get aids and adaptations or help. There was no connection between Christies and the GP."

Case Study 2: Mary's Story

I cared for Mary 24/7. She had psychiatric behaviour caused by alcoholism. She could be violent, verbally abusive, and was banned from driving as she crashed the car. In the last 18 months there was a gradual decline. She would not accept responsibility for her own behaviour and had several falls over time breaking her wrist, neck and collarbone.

It was difficult to pull out from her behaviour what was psychiatric and what was Dementia. She didn't have a formal diagnosis although everyone accepted that she had Dementia, the problem was the alcoholism which clouded things. She became incontinent, unable to get to the toilet, and her mobility was restricted.

Twice a day I paid for a carer to come in. Some of the carers were good and tried to talk to Mary but usually they were rushed and under pressure. They were due to arrive at 10.30 but often arrived at 11.30 am. There was quite a rotation of staff, so I didn't know who was coming, just had to sit and wait. They were supposed to get her up and wash and dress her, but she was aggressive, and they got fed up fighting with her so didn't do it. So, I was left to do all the washing and personal care on my own.

The community matron and hospital social worker were both very good.

Tell us a bit about care at home services

Many families caring for a loved one at home relied on home care services coming in each day. These were paid for by the patient/family, social care or Continuing Health Care (CHC) Funding or through a combination of funding. Some families struggled with complex 'Fast Track' funding processes that resulted in unnecessary delays to home care services during the final weeks of life. Other families found the system very inflexible with CHC funding up to 4 visits during the day and a maximum of 3 night sitting services per week. For carers caring 24 hours a day some said they would prefer fewer daytime visits in favour of the night service so they could get some sleep.

When it worked well the person at end of life was supported by the same care workers and there was time to chat and build a good relationship. Families were frustrated where there was a high turnover of care staff, rushed visits and poor time keeping.

Reliable, usually the same care workers arrived at time they said they would, professional, intelligent. Had a conversation with Mum and my Dad, Mum 'approved of them' which gave me some much-needed respite."

"We were charged 50/50 – we paid half and they (social care) paid the other half for Safe Hands as we needed 2 carers for palliative care."

"Could not plan anything as uncertainty of when care staff would arrive."

"No one was familiar with the process for Fast Track CHC funding. It took from July to September for funding to be approved during which time I struggled alone with what help I was able to get from the goodwill of neighbours"

Can you tell us about any experiences of being transferred between services? (e.g. from home to hospital during palliative and EOL care)

Feedback from families about the ambulance transport was overwhelmingly positive. When it worked well families could accompany the family member in the ambulance and there was good communication between services and the family. Families were frustrated with long delays or where hospital transport was not provided, and the family were left to make alternative arrangements.

"I would like to commend the transfer of care team for making it possible and hassle-free to bring Mum home to die. They arranged district nurses and CHC funding very quickly."

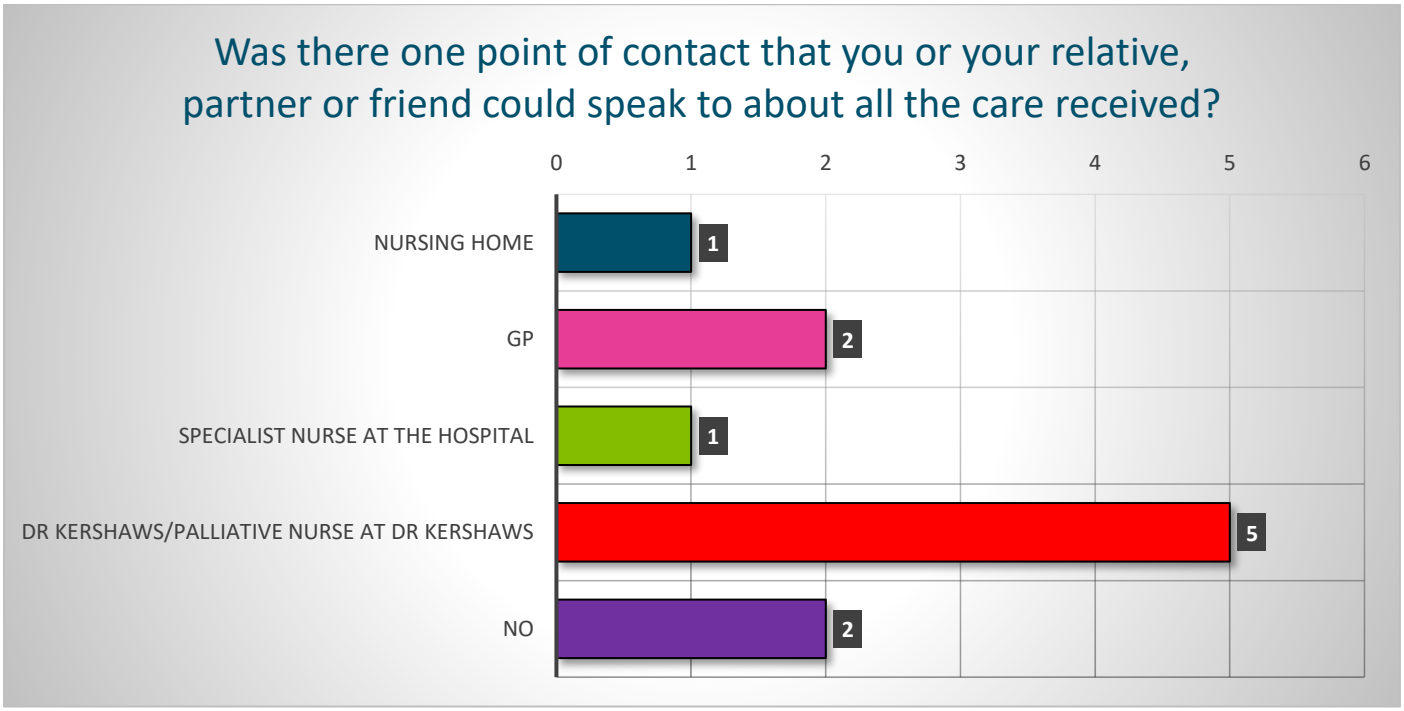
"The ambulance service was good; they made her laugh and made her comfortable."

"When Mum was taken to hospital paramedics were good with her, well-spoken and polite, they said she was sprightly which she liked."

"Transferred to NMGH from Oldham due to no bed after 22 hours in A&E."

Single point of contact

50% of the families (11) who took part in the survey coordinated the care services. Carers without wider family support struggled to coordinate all the different services and treatments, and those caring for someone with a dual diagnosis struggled to find a single point of contact who could offer holistic advice.



To add to the confusion some services have a designated phone number whilst others have a single point of access which means going through more than one person. When it worked well care following hospital discharge was coordinated across acute hospital and community services by the Royal Oldham Hospital, Dr. Kershaw's Hospice or the GP.

"It was [coordinated by the] Macmillan Nurse, District Nurse and secretary at Christies. Doctor at Chrisities phoned her at home several times - she was amazed by this and felt really special! Not sure if one point of contact would have made any difference."

"Having one contactable person who was fully aware of all treatments and information would have improved communication rather than just me as his carer and wife on countless calls."

"Too much duplication and numerous people/services coming out and form filling. There should be one person and one team who coordinate through a single point of contact, better systems in place for sharing information."

Preparation

Were you given any legal or medical information to help prepare for end of life?

Few of the families who took part in the review received information or advice to help prepare for the legal and/or final medical stages of end of life. For many, discussions about the preferred place of care, preferred place to die and final medical wishes were initiated and managed within the extended family. The real challenge was for family members caring on their own who lacked any wider support. Some said there were times when they needed expert advice to help make difficult decisions.

"Father got Sepsis and was very poorly. [I was] left with the option to try treatment but didn't want Father to be worse…I struggled to cope with the ethics of the decision which I had to make alone in a short space of time."

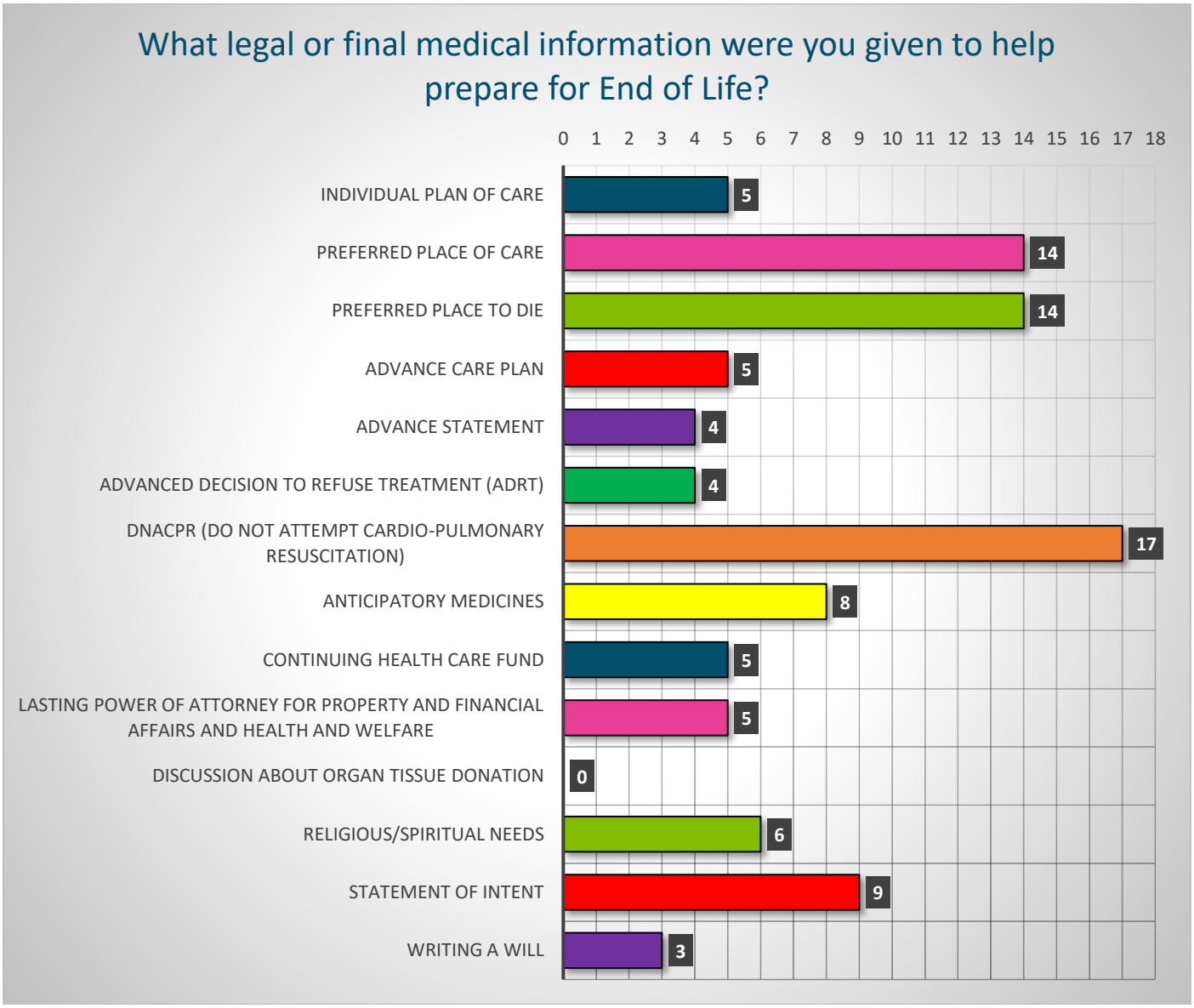
Of the families who responded 17 (77%) said that all the legal documentation was in place prior to death so they could start making the funeral arrangements. However, the most contentious issues related to DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) and Statements of Intent.

The DNACPR is a legal document that needs to be signed by the doctor during end of life and added to the patient's medical records. The issue appears to be about communication and consistency of practice. NHS guidelines state that the decision to be resuscitated rests with the patient and the doctor, provided the patient has the capacity to make the decision. However, some doctors see this as a clinical decision. This has led to confusion for families and of the 15 (68%) DNACPRs in place 6 families said that these were not discussed with the patient or family and many were upset to find out about the decision after the person had died.

Where it works well doctors take the time to explain the DNACPR and avoid medical jargon, talk openly with patients and families about their views, and answer any questions. As a result, families feel involved in the process and understand the implications. This is where it is important to have a timely discussion about end of life care and make family members aware of any wishes not to be resuscitated.

"Dad couldn't understand why he was being refused CPR when he had just been resuscitated...they used a lot of medical terms which he didn't understand until we explained it to him"

"Dr on the ward completed DNACPR with no discussion even though it was challenged by us."



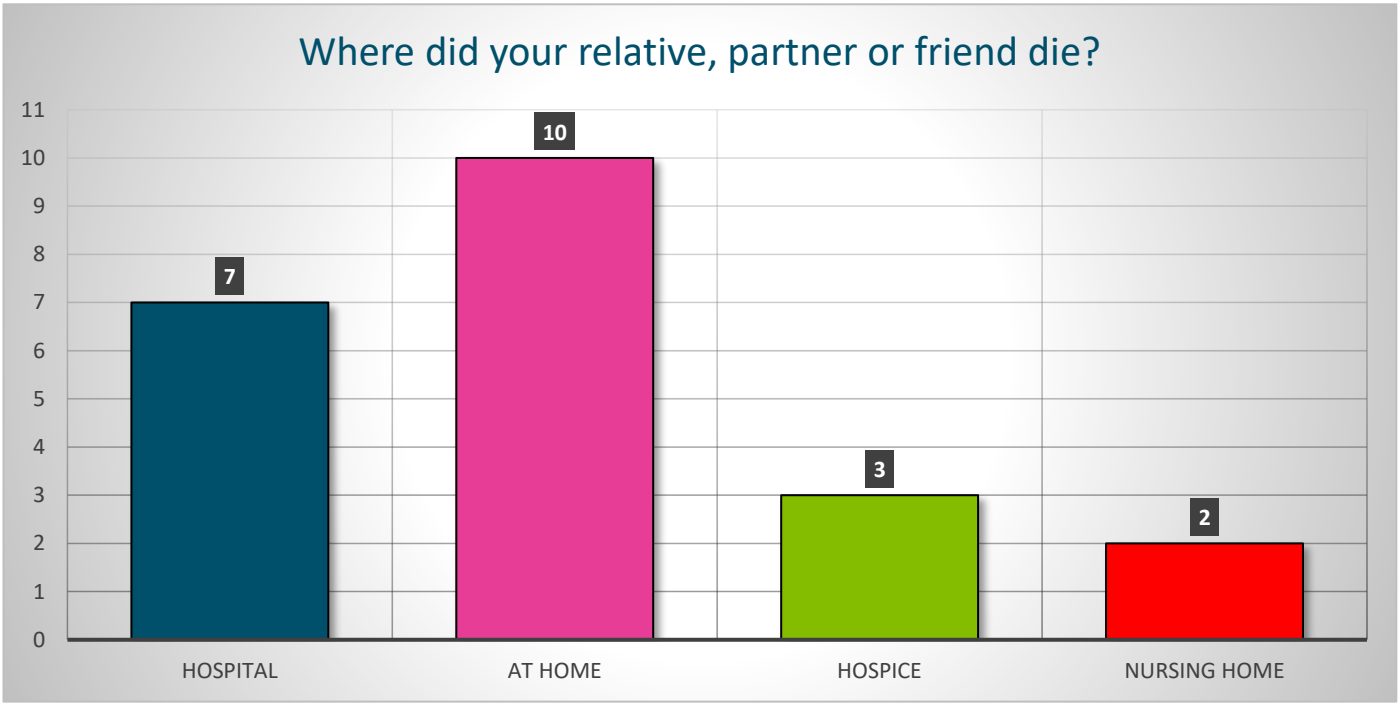
Families praised the Macmillan 1 - 1 Service who provided information on all these issues. Often professionals focus on the completion of DNACPR and Statements of Intent as these are required to

secure some end of life services and access Fast Track Continuing Health Care Funding. There needs to be an equal focus on supporting families with EOL planning information.

"A locum had to come out and visit my father, I was then told by the GP practice that there was a letter waiting to be collected addressed to my father I opened it for him and found it was a Statement of Intent. We had not been told that he was that close to dying and seeing it in a letter was a shock."

"Despite Mum lodging a statement that she did not wish to discuss any end of life plans but simply take each day at a time, the GP was extremely insistent on putting an EOL plan, Statement of Intent and DNAR form in place. I was left with the distinct impression that completion of this paperwork was a key priority…I appreciate this is a useful reference point for medical professionals… I feel very strongly that completion of paperwork should never take priority over care and treatment…and should accommodate an individual's wishes."

Death

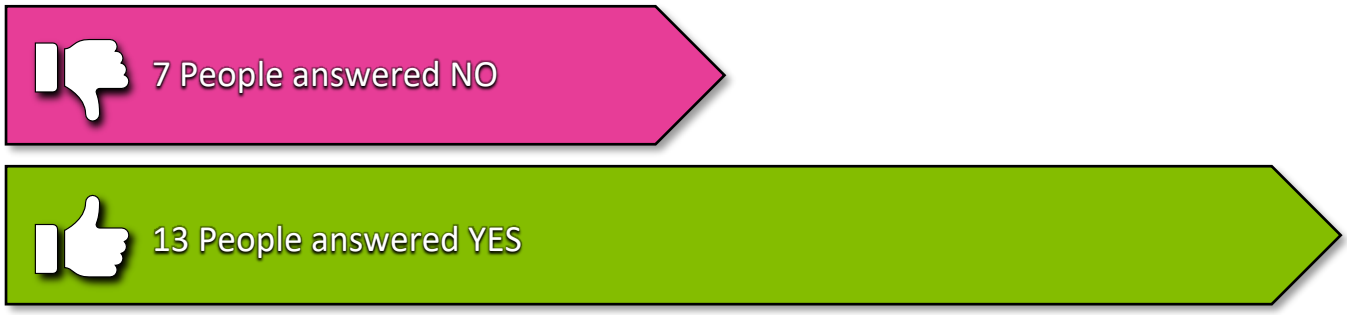


Of the 22 people who took part in the survey 14 (64%) died in their preferred place of death. For those who could not die in their preferred place this was usually because the person was too ill to be moved from the hospital or hospice back home.

"Initially we were hoping to get my husband back to the care home for end of life but were advised that was perhaps not a good idea."

"Wanted to die at home but had to be admitted to hospital as unwell so she died where she was at the time."

Do you feel that your relative, partner or friend had the best end of life that they could have wished for?



Families who felt it was a poor end of life experience listed issues such as inadequate or timely pain relief and the lack of care and attention by nursing staff.

Families who felt it was a good experience for the person at the end of life valued the fact that they were pain free, had family and close friends around, nursing staff who were caring and considerate, and the person dying with dignity. Being able to die in their preferred place, often at home, was also important but families understood when this was not in the interest of the person at end of life. Some families also valued the opportunity to sit with their loved ones after death.

"During her last days we couldn't have asked for anymore for her care, we as a family were supported and I was able to comb her hair and keep her looking good, she was a smart lady and I know this would have been important, the nurses encouraged this."

"At home, with children and grandchildren and beloved dog, able to listen to her own music, friends able to say goodbye easily."

"Staff did everything to ensure my Dad was comfortable and pain free. He was surrounded by family and they gave us as much time as we needed with him afterwards. We were given handprints, a lock of hair and my Dad was given two teddys by the nurse and when he died he kept one with him at all times, even right up until he was cremated and I keep the other one with me now so he didn't feel he was on his own."

"He was well cared for and had his family around him. Whilst we realised he was at EOL, over the last few weeks he had rallied and the morning he died he was very positive and looking forward to a family visit. He just drifted away."

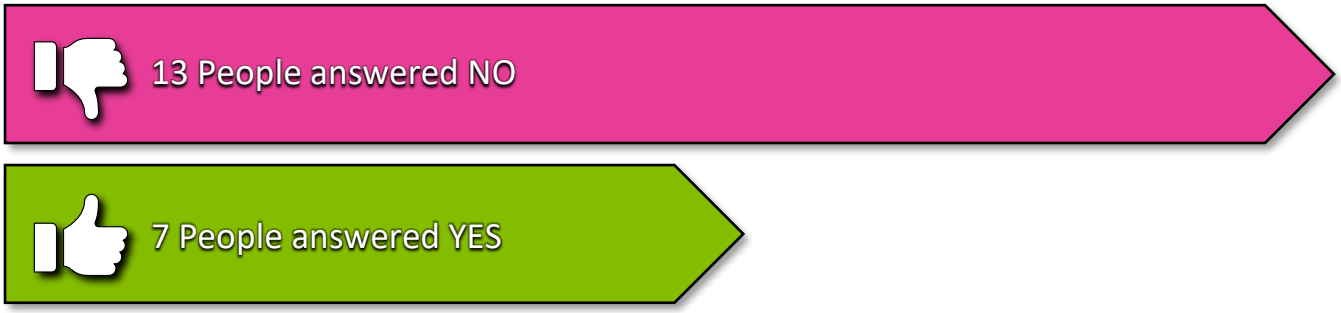
"Very busy staff didn't have the time."

"Staff were too busy and left us to it."

"He was in pain and the DN couldn't come out till shift changeover."

Caring for someone at end of life

Did you feel you had a choice about taking on this caring role?



Of those who responded 13 (59%) were caring for their spouse/partner or adult child.

"I didn't have to take on the care and support for Dad, but it was something I wanted to do."

"As soon as we became aware, we discussed everything and I gave up everything - job, life etc to care full time for him."

"I did it willingly as she was my wife."

"Mum wanted to die at home, and no-one else could sort it out."

Did you have enough information and support to help you in your caring role?

When it worked well the main carer received support from wider family and friends. Families also praised the information and support provided by the Macmillan nurses, Dr. Kershaws, care home staff and palliative nurses. Only 2 families received any training to help them manage their caring role and 6 families said training to 'move a person safely' and to understand and recognise EOL symptoms would have been helpful.

"The doctors at ROH explained what was happening and what to expect. This information was given privately to the family (without Dad). The doctors spoke with sensitivity and respect."

"Felt supported in my carer role by all services."

"Supported by my family."

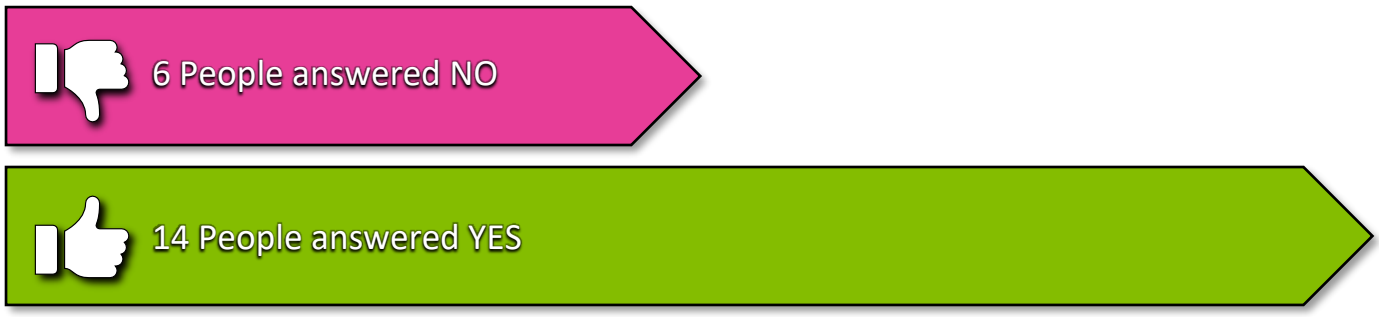
"Dr Kershaw's looked after me even at weekends when the café was closed, the girl who cooked the meals came round and said can I get you anything for your lunch…they used to say have you had something to eat today? Even though they were busy."

"Family used to sit with him when I went to the hairdressers, and I had a friend who came every Saturday, she came and chatted and that made me feel normal because there was no conversation."

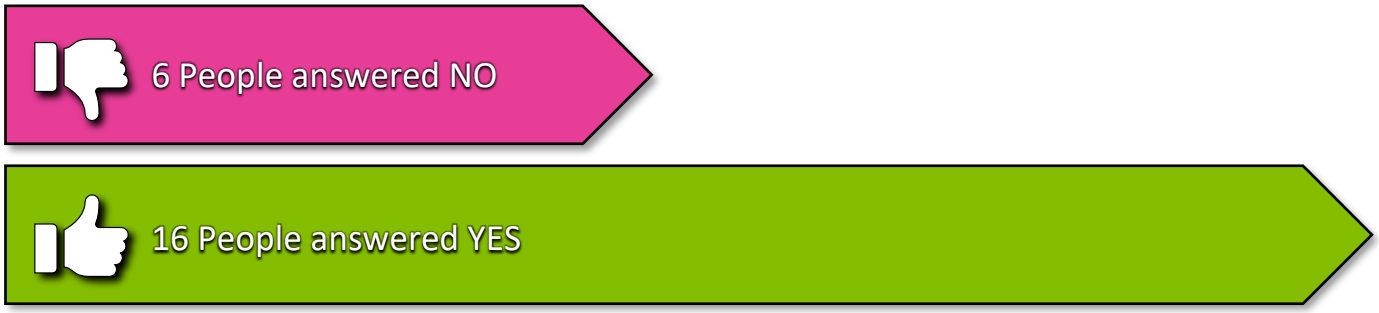
"Just to have been listened to would have been nice."

"In the beginning I got a lady to sit with him, but she only came once. I wanted him to mix with people I didn't want him to be in here (at home) wanted him to spread his wings a bit… I just wanted him to feel he didn't need me all the time."

Were you told that the person you were caring for was in the final stage of end of life?



As the person providing care, did you feel that your views were listened to?



Can you estimate how many hours of unpaid care YOU provided on a weekly basis during the last 3 months?

Of the 16 carers who responded to this question over 12,400 hours of unpaid care was provided over the final 3 months of life for the person they cared for. Caring roles ranged from 7 carers providing care 24 hours a day every day; carers juggling daily care with a full-time job; and carers who visited the person they had been caring for in the hospice or hospital during the last weeks of life.

Spreading the hours equally across the 16 carers is the equivalent of each carer providing 9 hours of unpaid care every day over a 3-month period.

Is there anything that would have helped you in your caring role?

"looking back, I would like to have told myself - look after yourself, give yourself space…"

"Knowing how hard it would be emotionally."

Case Study 3: Gwen's Story

Mum was 90 and had breast cancer and COPD. The District nursing team in the cluster were excellent and built a good relationship with Mum.

Our first challenge was applying for fast track CHC funding. Mum lodged a statement to say that she did not wish to discuss end of life plans and wanted to take each day at a time. However, having an EOL plan, Statement of Intent and DNAPR in place were essential requirements for CHC funding so I reluctantly agreed to them against my Mum's wishes in order to get some help with her care. The Macmillan nurse put in the funding application, but it was rejected because there wasn't enough information. This led to a 6-week delay during which time I was caring for my terminally ill mother without any help. There were also issues with the stairlift which should have taken 2 weeks but eventually took 6 weeks. I wanted to spend time with Mum not battle bureaucracy.

Our biggest issues related to oral pain relief for Mum. A couple of days before she died Mum took oral medicine for pain relief but was having difficulty swallowing it. The district nurse (DN) was satisfied she was drinking other liquids ok but said she would raise it with the GP. She also advised me to monitor her swallowing closely and discontinue all liquids if she showed signs of being unable to swallow.

I later received a call from the GP practice nurse saying the GP wanted to discontinue all my mother's oral medications due to risk of choking and that everything now needed to be given through a syringe driver. I asked what I should do if mum asked for a drink as she was still able to drink other liquids but I was told not to and if I did they would not be able to issue a death certificate and the case would be raised with the coroner. Over the next 24 hours there were conflicting messages as the DN observed Mum and wanted her to continue to drink whilst she was able. The GP delayed coming out until the following day and then agreed with the DN.

I was also challenged by social care services about Mum's pressure sores and was threatened with this being raised as a safeguarding issue. In the end I bought a pressure pad designed to heal grade 4 pressure sores as the new bed the social worker suggested would make it hard for me to care for Mum through the night as I slept alongside her. The threat of being reported to the coroner's office and for safeguarding issues were really upsetting especially at such a difficult time for me where I was pretty much caring for Mum 24 hours a day. I wanted time with the person I was caring for, and for them to be comfortable and pain free.

After Death

Were you offered any bereavement support?

How and when would you prefer to receive information about bereavement support?

Some carers highlighted the impact of caring on their own health and wellbeing and how this affected them beyond the death of the person they cared for. Others struggled with a loss of identity.

Of the 12 carers who responded to this question the majority said they would want to know about bereavement support at the point of diagnosis or immediately following the death of the person they have cared for. Carers were split in their views about how they would want the information with 7 (58%) preferring a personal telephone call or email with information whilst 5 (42%) said they would prefer a leaflet so they could read it when they felt that the time was right for them.

"I think it would help people to know that bereavement can take many different forms. For me I am still managing the aftereffects of the worry and responsibility of caring for Dad."

"When Dad died, I felt sad but comforted by the fact that he was so well looked after and because he managed to live at home until the last. So, at that time I didn't feel bereaved in that sense."

"As soon as he passed every service stopped, no support whatsoever given to me or family. Had to seek it ourselves."

"My young daughter is worried that I might die after seeing what has happened to her grandad, so I would really like to get some family bereavement counselling."

Is there anything else you would like to tell us?

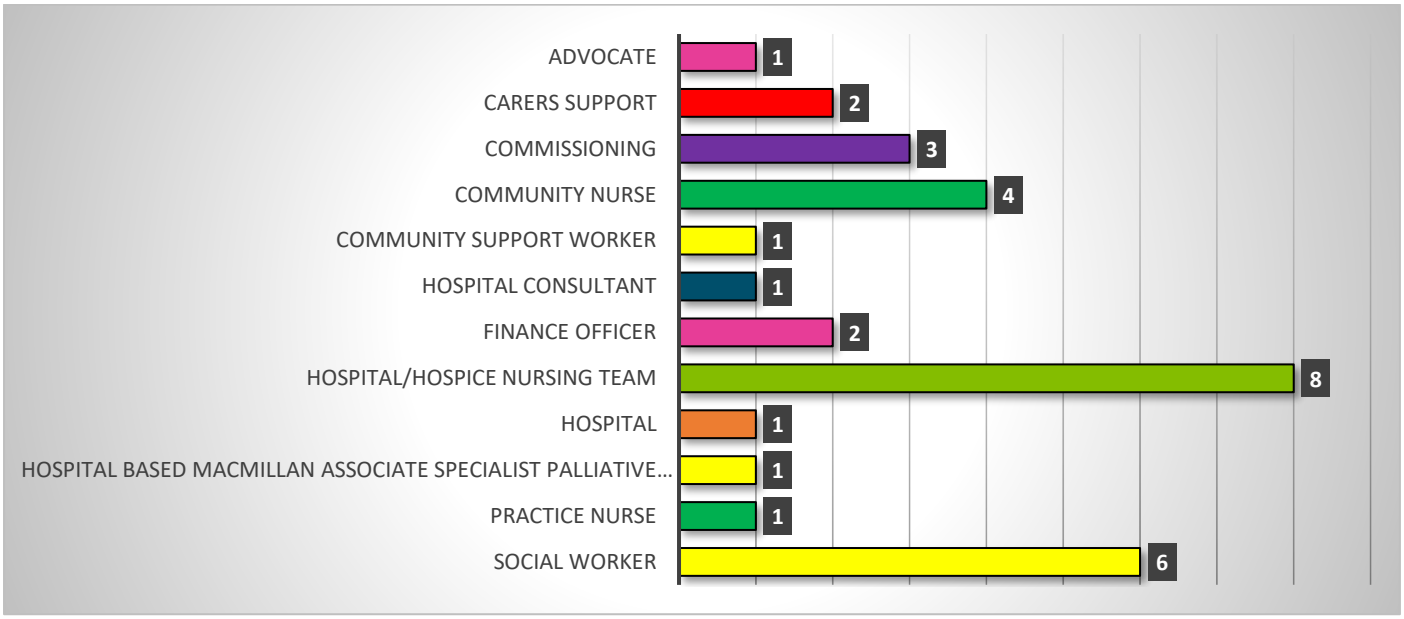
"We are so lucky to have the NHS service."

Anything else you feel is important about end of life?

Survey 3: End of Life Professionals Survey

Profile of respondents

The questionnaire was completed by 31 professionals employed in the following roles:



What do you think is important to the patient and family at end of life?

Based on their experience we asked a range of professionals to list the three most important things for patients and their family at end of life:

- That care is provided with empathy and compassion
- Professionals take the time to talk to families and provide relevant information and advice
- Offer timely care and support that responds to the needs of the patient
- Where possible ensure end of life care respects the patient's wishes
- Smooth transition between services
- Provide emotional and practical support for family members providing care

Some comments:

"Support is arranged quickly to enable the patient to be in their preferred place of care/death without issues regarding funding"

"The feeling that someone genuinely cares about them and their loved one"

"Be sympathetic to all parties, show consideration dealing with difficult/confrontational issues that may occur."

"Give them your time… make them feel like you are not rushing or just visiting to perform a task"

"Work across different boundaries, join dots that statutory sectors are not encouraged to."

What do you think would improve the experience for patients and their families?

We asked Professionals to list the three things that they felt would improve the experience of patients and their families:

- Better mental health support for end of life patients
- Earlier discussions with families about end of life care planning
- Timely and flexible approach to end of life funding for care packages
- Increased choice and availability of care
- Consistency of staff working with the patient and family
- Twenty-Four-hour access to hospice, district nurses and specialist palliative care
- Designated worker responsible for coordinating care
- Improved recording and information sharing to avoid repeating the same information
- Bereavement support

Some comments:

"Have as few professionals involved as possible with different agendas and work streams"

"Give patients and families control"

"Night sits need to be available to help families; they are saving the NHS thousands by caring for them at home, but more support is needed."

"Easy access to seven-day week working for Specialist Palliative Care and access to Consultants in palliative medical advice."

"Staff having more time to spend with families."

"Continuity of the same professionals involved in providing care, not a different District Nurse every visit."

"Increased choice of care-night support, care at home, care home admission, hospice admission etc."

"Actual collaborative MDT (Multi-Disciplinary Teams) working. Not just saying this happens."

What are the barriers that prevent this from happening?

Professionals highlighted the following barriers:

- Resource constraints and staffing levels
- Lack of time to spend with families
- Unrealistic expectations by families for the preferred place of death
- Lack of palliative knowledge in primary care
- Limited understanding of the Mental Capacity Act
- Challenging processes to access NHS Continuing Health Care
- Cultural and system differences between care providers

Some comments:

"People are scared to have the conversation and don't want to 'open a can of worms' because of lack of time, or confidence and knowing what else might be done."

"DN's are over stretched and simply do not have adequate time to spend with palliative care patients. Care agencies do not have the resources to provide sufficient night sits, the period of time when family care is most likely to break down. Burnout leads to reduced ability to genuinely care for patients."

"Limited resources may mean that access isn't always as available when it is needed – particularly when this is at nights and weekends and there are reduced staffing levels."

"The district nursing service… remain the key coordinator of the care… however, not all district nurses are comfortable with end of life care or have the knowledge and skills to be able to provide high quality end of life care."

"Services are being delivered by a number of different groups of staff from different organisations. This leaves care being delivered in a disconnected way and families are often unsure which professional/service to contact when."

"In this economic climate it is unrealistic to assume families can take unlimited time off to care for their loved one… The 'normal' 4 calls a day does not fit in with most situations… and a personal health budget is not offered to patient funded on fast track which could be used to fund care package as required."

What would help to address these barriers?

Professionals suggested the following solutions:

- Do more to support the physical and mental wellbeing of existing staff
- Reduce the case load of staff to allow more time to spend with families
- Establish a clear EOL care pathway for Oldham and clearer referral processes
- Better systems for sharing patient records and information
- Single point of access available 24 hours a day across district nurse service, specialist palliative care nurses and hospice
- Commission/offer more night sitting support for families
- Extend the Hospice at Home Service to cover 24 hours and consider its potential as a key coordinator of EOL care
- Programme of EOL training for neighbourhood integrated health and social care teams
- Local Authority to encourage incentives for care homes who specialise in EOL care

Some families said that having one trusted professional to coordinate all the EOL care would be valuable. What would be the challenges for your organisation?

Professionals suggested the following:

- Good suggestion but would be problematic to cover part time working, leave and/or sickness
- Could end up with an over reliance on one member of staff
- This relies on a good relationship between the family and the named coordinator
- May need to have 2 or 3 named contacts to manage this

Some comments:

"I suggest… that cluster GP's regularly have all patients with a palliative diagnosis made known to them. The palliative care nurse would monitor the patient's condition by liaising with the district nurse and GP and they could coordinate their care. They would also be a main point of contact for the patients and they would not have to go through the single point of access."

"Having more than one professional provides different views/opinions, if this was just one individual, may not have different ideas etc, may do the same thing for every patient."

"There are certain services and resources which are only available to certain professionals i.e. fast track can only be completed by a health professional, equipment can only be ordered by DNs, OT or hospital. Also accessing care home or care at home can only be commissioned by social care professionals. There may be one professional coordinating this, but it will still mean that the service user will have to go through various assessment processes."

Some families said that EOL communication between healthcare teams is not as good as it could be, and many had to repeat their stories. How could this be improved?

Professionals suggested the following solutions:

- Joint access by services to a central information system
- Adopt a common assessment form which can be used by all professionals
- Better communication at the cluster level with more regular MDT meetings
- Clearly defined communication pathway for EOL
- Some services feel there is already good communication in place so important to highlight where it is working well

Some comments:

"This is difficult as each service uses the assessment of a new patient as part of the process of building a therapeutic relationship. I would suggest that any referrals to other services should be fully completed with ALL the requested information… getting to know about the patient as a person, their fears, wants, needs, like and dislikes rather than diagnosis, prognosis etc."

"Need for electronic records to be shared with patients consent and within the confines of clinical governance."

"All parties need to have access to the same IT facilities e.g. We use Mosiac, Health Workers use Paris. The two systems are not compatible and important information could be lost/not available because of this."

Some families said they would have benefited from bereavement support. What services or support do you think should be available to families following the death of the person being cared for?

Feedback from professionals highlight the existing bereavement support available through Dr. Kershaws and the SWAN bereavement nurses at the ROH. These services are routinely offered to families of patients within their service. Families supported by other EOL services can struggle to find bereavement support within the local community.

Professionals suggest the following solutions:

- Bereavement support should offer a safe space to talk
- Counselling should be flexible so people can access when the time is right for them
- Support should include information about practical issues such as finance, managing and selling property, legal advice etc.
- Self-help guides could be produced about support after a Bereavement

Some comments:

"I think there should be a number of opportunities e.g. phone number, 1-1 support, groups, 'death cafes'"

"There are no clearly defined bereavement support services to refer people to and no services to refer those at risk of complicated grief prior to bereavement… bereaved patients will receive one visit but are then left to their own devices and the support of their GP. There is simply not enough time to care for both patients and bereaved relatives."

Is there anything else you would like to tell us about EOL services in Oldham?

"Services often stop when the person dies but it's important to flag up a potential safeguarding issue with the GP if a vulnerable adult is left living on their own following the death of a partner or parent."

"I feel the support at night for the patient and families is a big issue, when they ask for this support it should be available without them having to be involved with all the 'backroom wrangling' that goes on between the Social Worker and the CCG."

"Services have come such a long way and excellent care is available. However, for those patients that choose to die at home this care can often expose the family to high levels of stress… dealing with issues they do not fully understand and/or cannot physically manage.

There are a raft of professionals who will attend to support but the reality of this is that these are short visits (due to other demands on their time) and it may take time to be able to attend (particularly at nights and weekends) – this may leave relatives feeling stressed and unsupported.

There ais also an assumption in EOL care pathways that all patients want to die at home – this may not be the case and services need to be developed that allow for choice and have resources to accommodate this."

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7th July 2020

Health Scrutiny Meeting

SAFEGUARDING OLDHAM

Dr Henri Giller

Independent Chair

Children and Adult Safeguarding Partnerships

Introduction

During the presentation we'll cover:

- **Overview and context of Covid-19 and Partnership assurance process**
  - Weekly meetings
  - Risk registers
- **Children and Adult Partnership response to Covid-19**
  - Social Care
  - Health
  - Police
- **Children and Adult Partnership business – six monthly update**
  - Business Plan and priorities
  - Common areas of business
  - Partnership arrangements

Overview of the Partnership Assurance process relating to Covid-19

- **Safeguarding** remains Oldham's top priority. Oldham has been swift to respond to the Covid crisis through the creation of multi-agency Gold, Silver and Bronze Command meetings. These meetings provide a platform for the sharing of daily and weekly data and trends which have been key to understand the impact of the pandemic in Oldham and mobilise the coordination and reconfiguration of services across the system.

- Aligned to the Command meetings, both the Safeguarding Adults Board and Safeguarding Children's Partnership have set up Covid Safeguarding Assurance meetings on a weekly basis. The Assurance meetings risk assess safeguarding trends and gather weekly information from key agencies to ensure that intelligence led measures are in place to mitigate the risks.

Jayne Ratcliffe
Hayley Eccles

Deputy Managing Director Health & Adult Social Care Community Services

Head of Strategic Safeguarding

Oldham Adult Strategic Safeguarding Service

Debbie Dooley
Detective Superintendent
Oldham, Rochdale, Tameside

Mark Warren
DASS and Managing Director Health & Adult Social Care Community Services
Oldham Council / NCA

Claire Smith
Director of Nursing and Quality
Oldham Cares

Philip Key
Detective Chief Inspector
GMP

Jayne Ratcliffe
Dep. Managing Director H&ASC

Eileen Mills
Head of safeguarding Oldham Cares

Head of
Strategic Safeguarding

Designated Nurse Adult Safeguarding

Strategic Safeguarding Service Manager

DoLs/LPS Team Manager

MASH Team Manager

Safeguarding and MCA Lead

Oldham Safeguarding Adults Board Manager (Working alongside LCSP Manager)

Peripatetic Social Worker
(2 posts)

Peripatetic Social Worker

Business Support Assistant
(2 posts)

Oldham Safeguarding Adults Board Coordinator

DoLs/LPS Coordinator

Adults Strategic Safeguarding Service

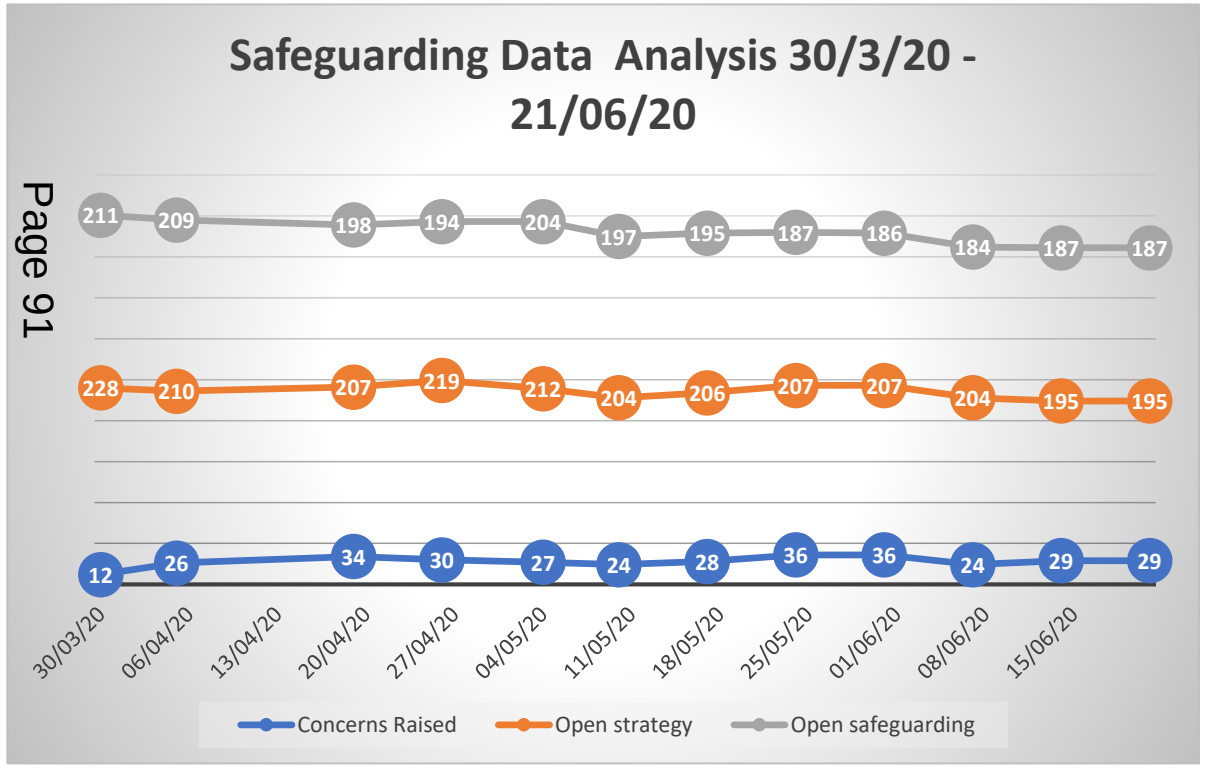
- Safeguarding responsibility moved from Helen Ramsden's (Interim Assistant Director of Joint Commissioning) to Jayne Ratcliffe (Deputy Managing Director of Community Health & Social Care Service) on the 25th May 2020.
- All new Strategic Safeguarding posts appointed to, including Head of Adult Safeguarding (Hayley Eccles).
- Care Home safeguarding now transferred to clusters
- Service transitioning to the Civic Centre to sit alongside MASH continuing despite Covid restrictions; this will enhance multi agency working & collaboration
- Residential Safeguarding function successfully transitioned from centralised arrangement to integrating within cluster teams. This has enabled safeguarding activity to be undertaken in community cluster teams, with the exception of specific scenarios to be undertaken by MASH and IDT
- Improvements made with identifying safeguarding, response rate and managing risk
- Improvements made within MSP
- Service maintained core delivery whilst going through redesign & pro-active response to Covid-19

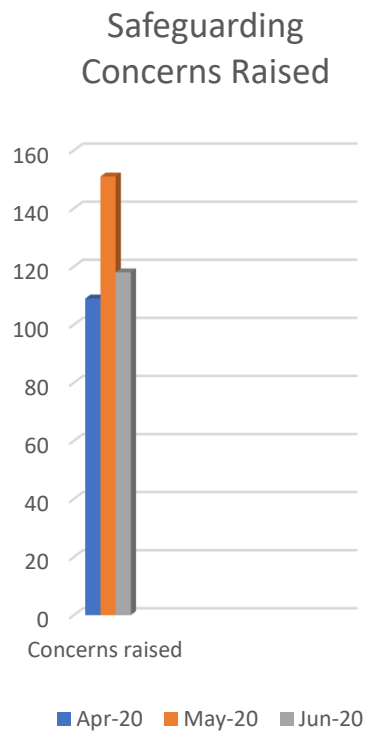
Emerging Risks & Intervention

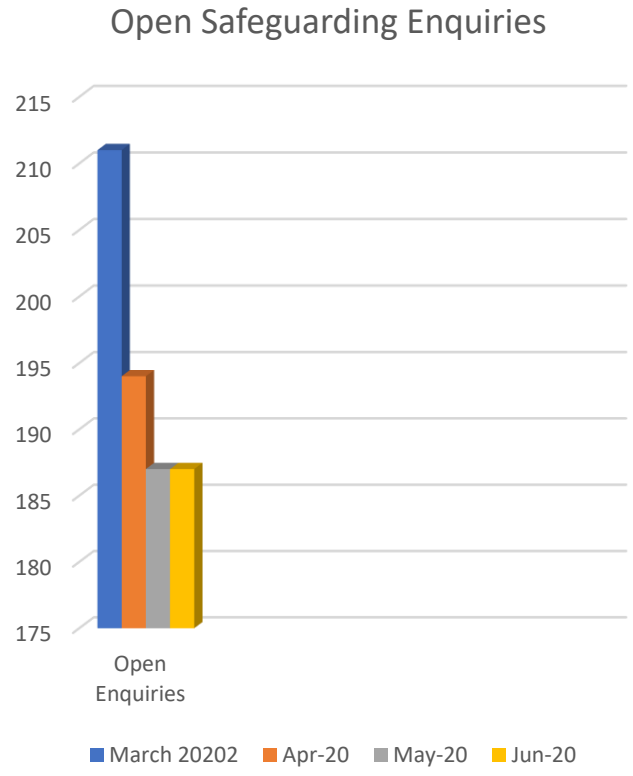
RISK	INTERVENTION
Care Homes	Increased monitoring, STICH, sitreps, Multi agency care home meetings, low level harm logs, announced & unannounced visits, quality assurance. All ASC trained in PPE.
Domestic Abuse including hidden levels of elder abuse	Multi agency weekly risk huddles, collaborative working with locality hubs & police. Raising awareness in community & health trusts. Domestic Violence Q&A
Safeguarding referrals/Blurring boundaries	Training & guidance to agencies and partners focussing on Multi-agency safeguarding policy & roles and responsibilities
Self Neglect	Better awareness of identifying self neglect, multi agency risk huddles, cross service risk assessments & enhanced mental capacity assessments.

RISK	INTERVENTION
DoLs and BIAs	Increased monitoring of Dols, briefing & guidance on legislative changes. Complete analysis of Dols data including outstanding & incoming referrals.
Ongoing social isolation of older and vulnerable people who are shielding	Training & identification in social isolation, collaborative work with locality hubs and voluntary organisations. Increased collaboration with faith organisations. Focus on strengths based assessments & community support.
Support for informal carers	Carers assessment & ongoing support, Overview & reviewing of protection plans. Weekly discussions at risk huddles.

Data Analysis During Covid 19



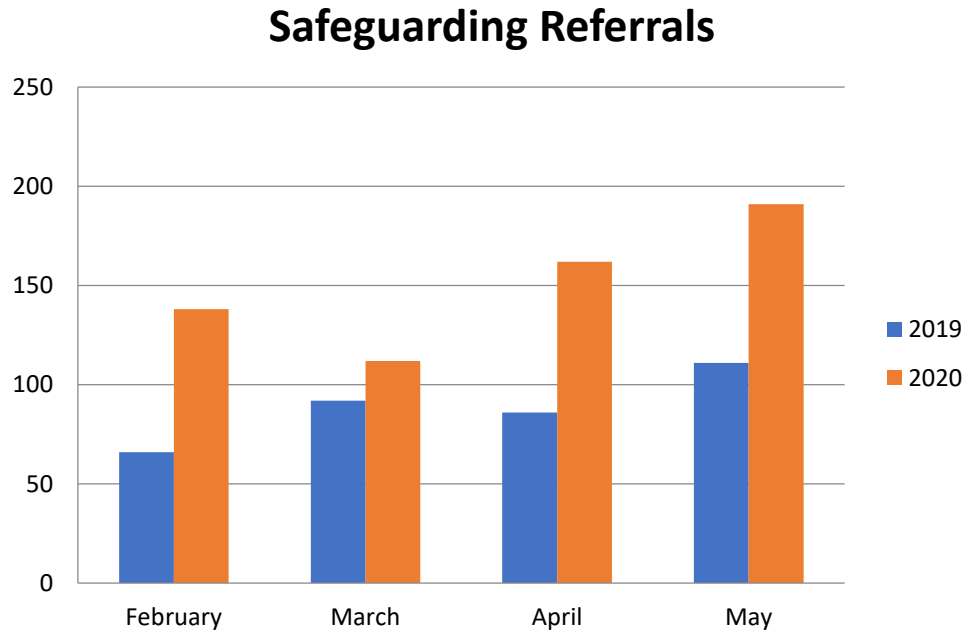




Safeguarding Comparisons 2019/2020

Comparison by Month 2019/2020

Increase of 248 referrals



Increase Referral Source during four month comparison 2019/2020

Increased of 50 referrals from care homes

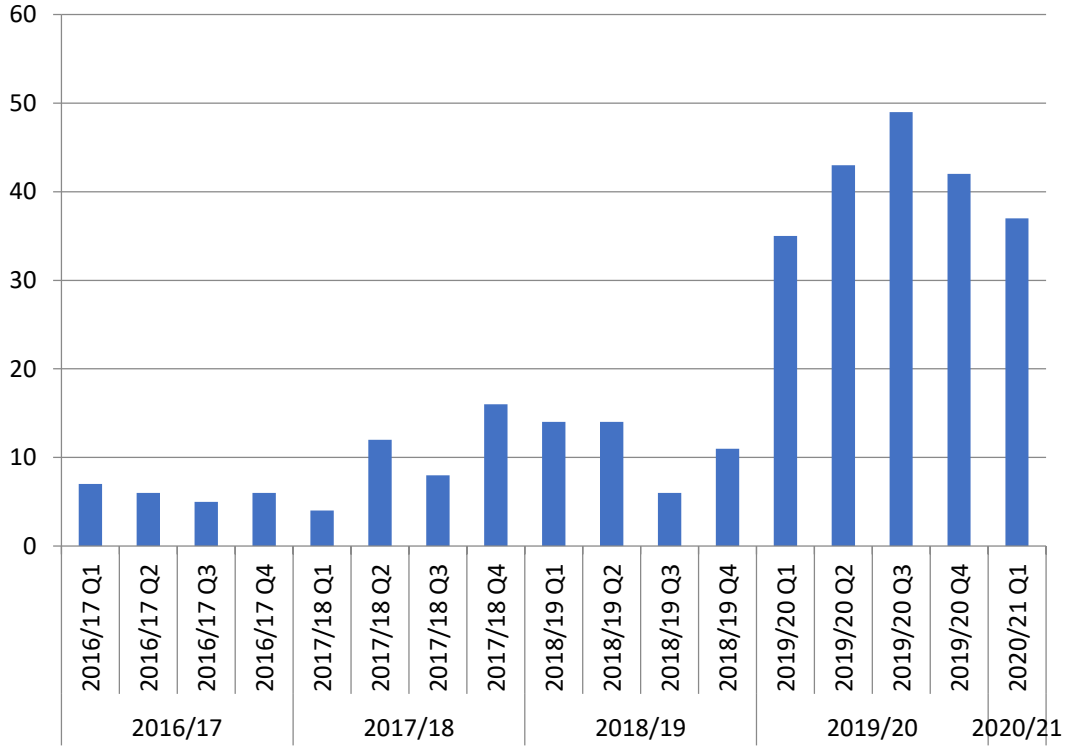
Primary & Community Healthcare 28-99 (71 additional referrals 2020)

Pennine Acute 20-75 (55 additional referrals)

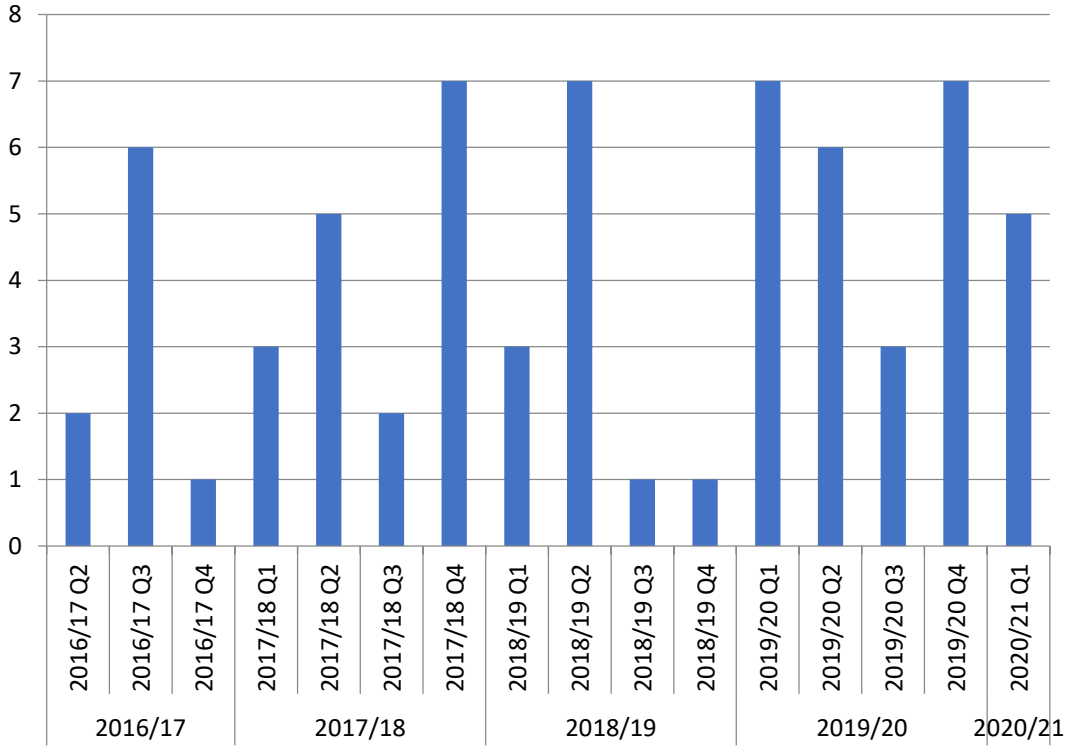
Housing 9-29 (20 additional referrals)

Self Neglect

Concerns raised with abuse factor of self neglect

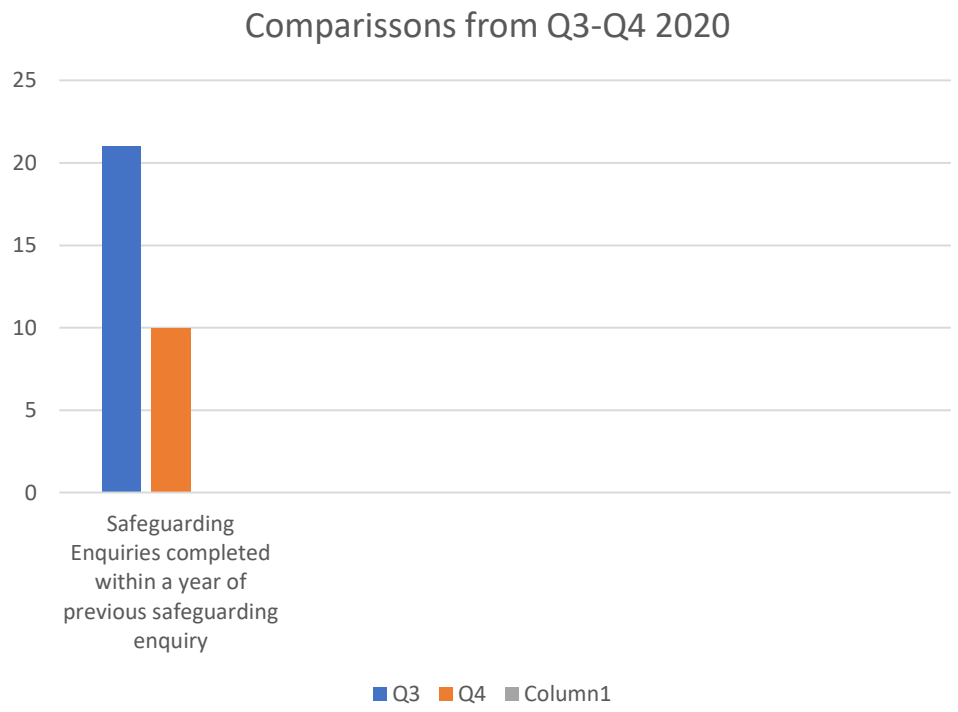


Enquiries raised with abuse factor of self neglect

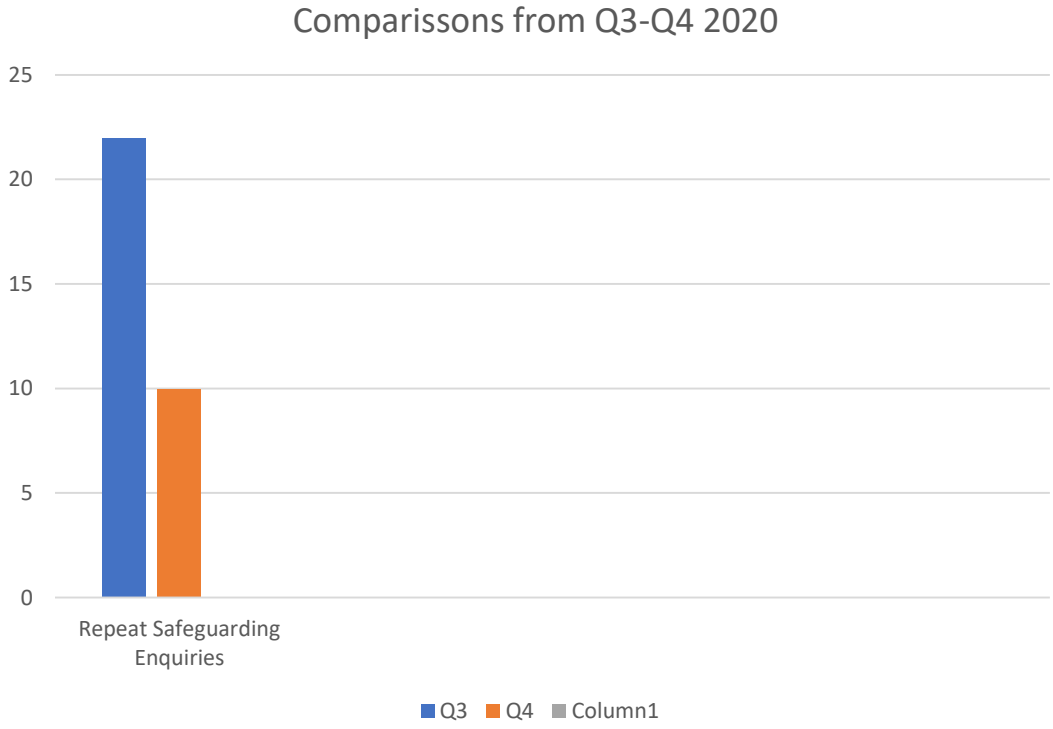


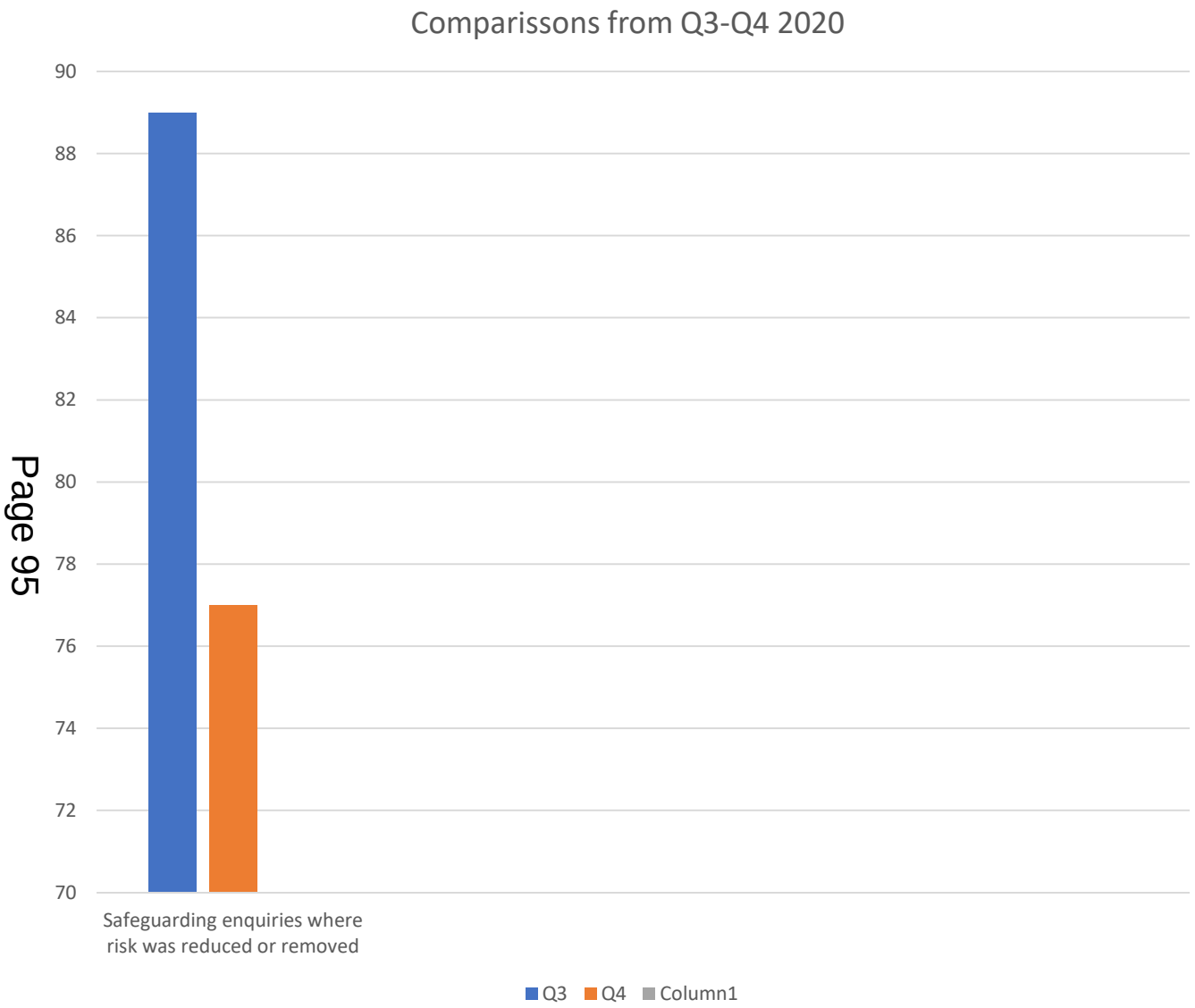
Impact of Multi- Agency Risk Huddles on Safeguarding Activity

Safeguarding Enquiries completed within a year of previous safeguarding enquiry



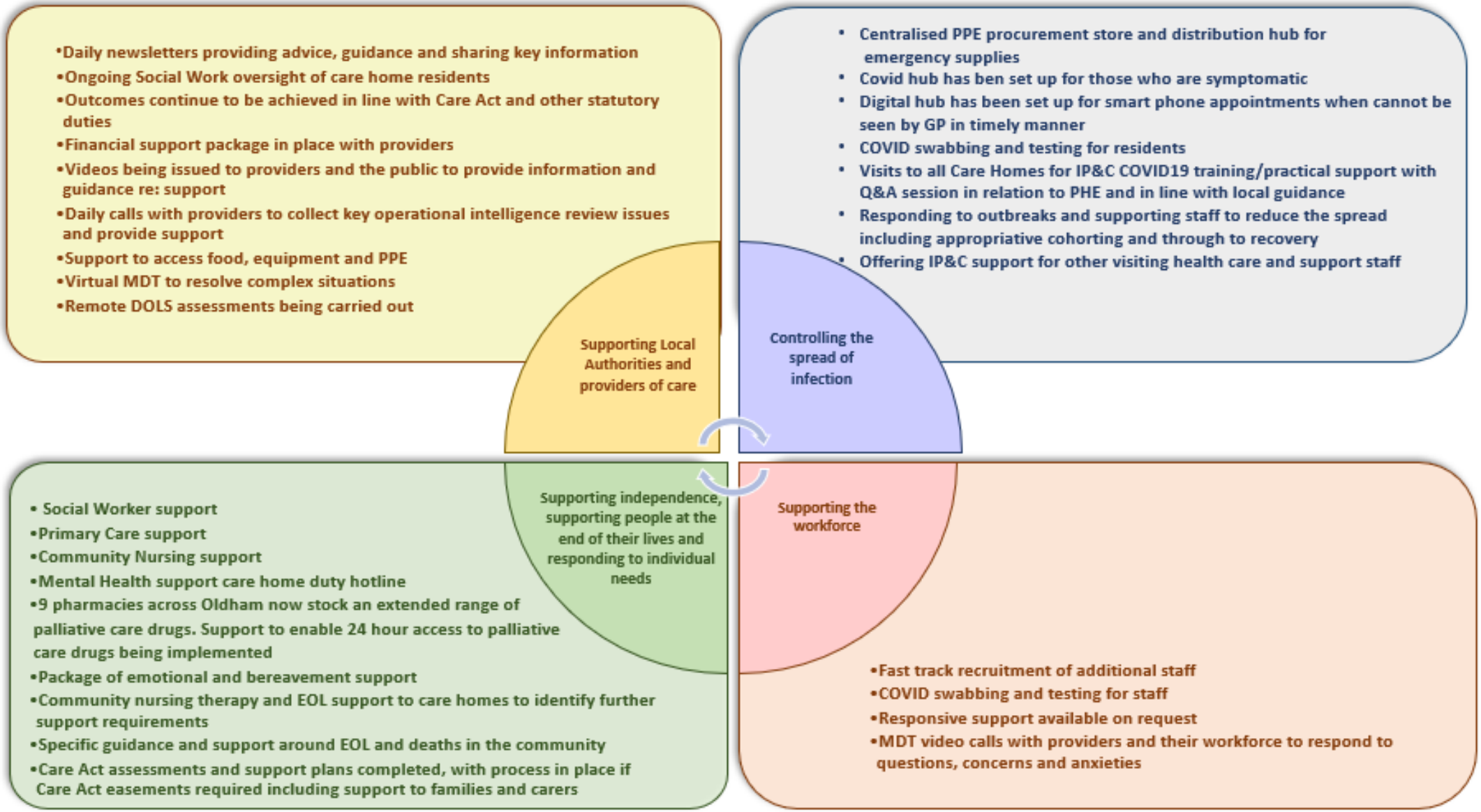
Repeat Safeguarding Enquiries



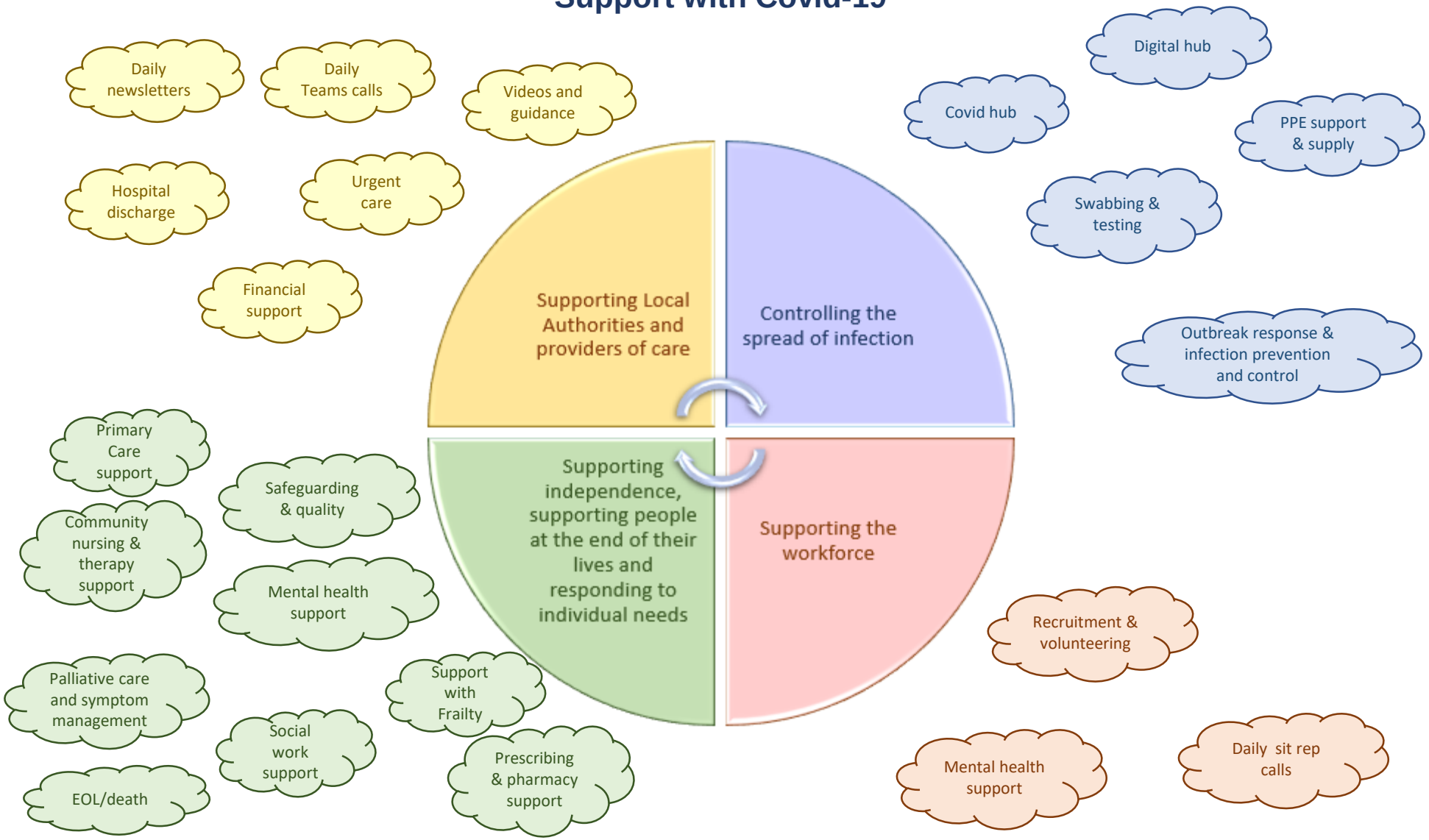


Safeguarding enquiries where risk was reduced or removed comparison

COVID19 - Care Homes



Care Homes
Support with Covid-19



Covid-19 highlights from the ADASS Budget Survey

- Key in-year pressures within adult social care, compounded by the impact of the Covid-19 pandemic include:
- Care market support – increased care fees, cost reimbursement, support for under occupancy (including self funders), payments on planned support and PPE purchase.
- Workforce investment – income protection for staff self isolating, increased pay and recognition.
- Increased support and intervention – direct payments, additional 1-1 support etc
- Reduced charging income i.e. within day support, home care etc. Increased bad debt risk.
- Impact on savings and transformation delivery.
- Significant In-year impact on council budgets without additional funding. Means reduced resilience to support existing pressures in adult social care or fund transformation investment from reserves.
- Unprecedented uncertainty making it difficult to plan forward - duration of the pandemic, extent of economic impact on 21/22 council budgets, the Government's response etc
- Ongoing requirement for PPE, market support etc unknown – with funding sources due to end.
- Uncertainty that's exacerbated by short-term nature of funding that already underpins a significant proportion of recurrent adult social care investment.

- In the short to medium term it now seems almost inevitable that the council will need to consider some form of financial support for care homes with a financially unsustainable level of vacancies. Without support, this would be likely to trigger a wave of closures, without the opportunity to influence where those closures occur, or the type of provision for which there is over/under capacity under "normal" circumstances. Even if the medium to long-term objective is to move to a system which makes less use of care homes, it would be obviously undesirable for there to be a series of care home closures during the period when Covid-19 is widespread. Moving residents between care homes would be logistically very difficult, would create a serious risk of spreading infection, and the potential for wider health and wellbeing risks which could fall within safeguarding adults criteria.

Risks and Mitigation Carers

- Concern about informal carers experiencing heightened stress and social isolation without a break. Concern about hidden elder abuse either of carer or cared for.
- Concern that changes to the Home treatment service will increase alcohol and substance misuse and impact on family

- 2300 weekly welfare calls to carers and adults at risk by Age Uk and OMBC carers service. Carers at high risk have been reviewed weekly at risk huddles and have had direct support from community teams across all agencies. Crisis support by Age Uk designed to fast track to mental health services and diffuse domestic violence.
- Turning Point offering video 1:1 support and continuing community and inpatient detox. Preparing for increase in post lockdown referrals and homelessness support.

Future Developments and Challenges

- Mental Capacity Act 2005 (MCA) is not changed by the current circumstances of the pandemic.
- Nothing in the Coronavirus Act 2020 changes the obligations imposed under MCA.
- Core statutory duties for re DoLS and DOLICs remain.
- What has changed? The context of the application of the MCA
- All those involved now required to think creatively about how to secure its core principles
- Training being developed on innovative ways of undertaking MCA to ASC workforce in June/July 2020
- All those involved need to be clear as to when a particular option is simply not available so that it does not fall for consideration as part of any best interests decision-making process.
- Virtual system of DoLS assessment implemented to continue to meet statutory duties.
- Government guidance and guidance re local arrangements issued to all involved in the DoLS process.
- 531 total cases, 499 awaiting allocation & 32 in progress
- Developing action plan on case allocation to ensure effective response to backlog.
- Liberty Protection safeguards
- LPS preparations paused: Await revised guidance and timescales from central government.
- Project planning is being developed with peers to start planning and development of LPS

PREVENT – concern that the risk of radicalisation has increased as vulnerable adults spend more time online possibly focusing on grievances

Adult Strategic Safeguarding Service

- Adult Safeguarding Review completed in January 2019 with 22 recommendations - progress over the last 3 months:
- Strategic Safeguarding Service established to include a Board Business Unit and Strategic Safeguarding Leads
- Board Business Unit established to support board and its Sub-Group
- Service includes revised DoLS function plus dedicated Best Interest Assessors / Approved Mental Capacity Professionals
- Service established small team of specialist Safeguarding practitioners who provide a link between practice and strategic activity

Making Safeguarding Personal

- My voice before…..

‘you leave in 30 minutes, where will that leave me? Do I just lie here waiting for someone to hopefully call me tomorrow or what. Have you ever felt totally alone, not knowing what to do. Not knowing who to turn to for help? This is how I feel now, totally lost and abandoned’

G

- My Voice after……

‘the help I got was superb, you got things moving & got what I wanted sorted. You made me feel so good, you made my wife feel so good. I realised that I was going to make it home. You listened to me & what I wanted. You made a sad time better and I knew I had a good future to look forward to with my family’

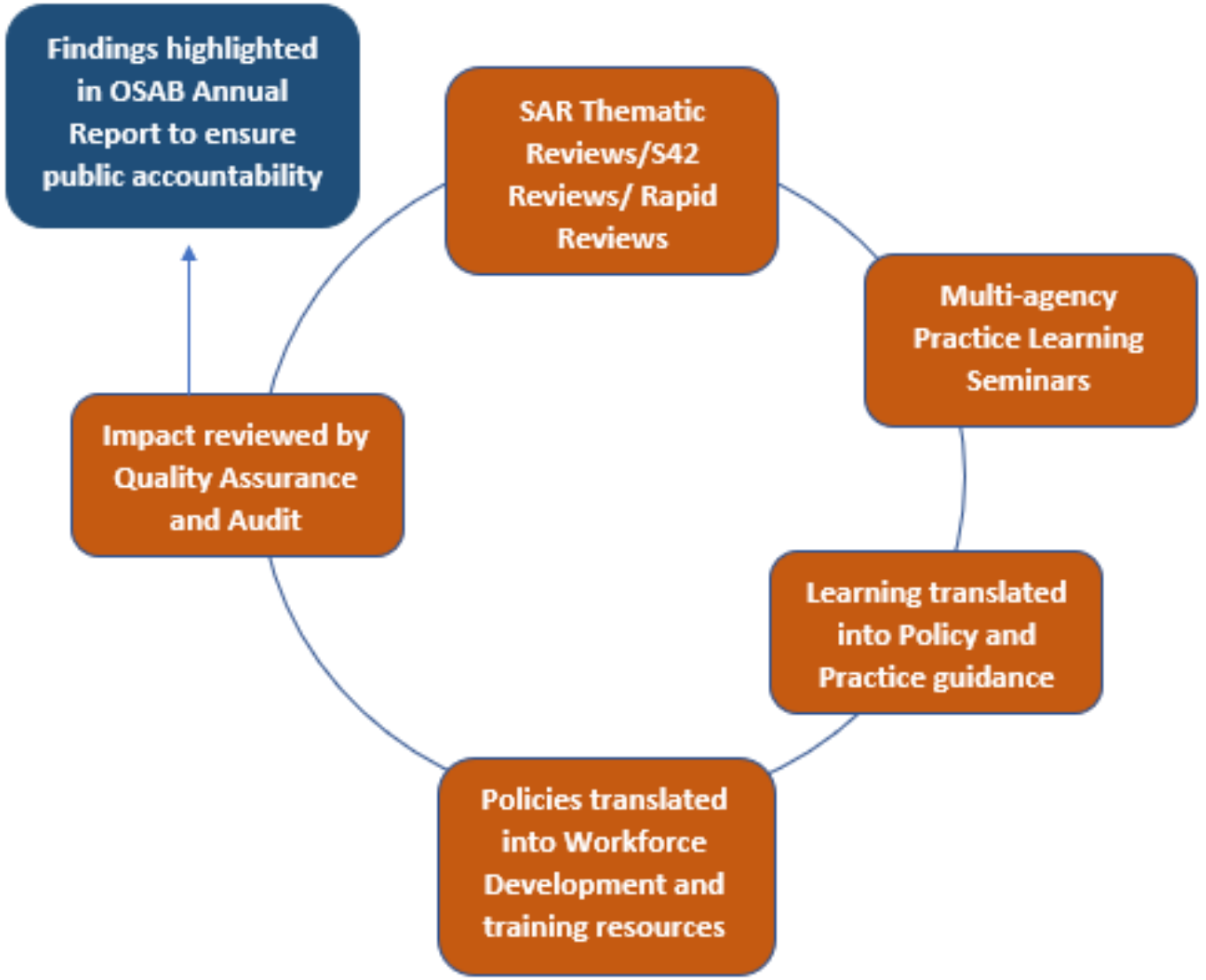
G

Randomised Case selection

AR 102794	RC 179459
MR 178142	SC 119732
UC 255219	CS - 152333
BH 100772	JH - 788

OSAB Business Plan 2020-21

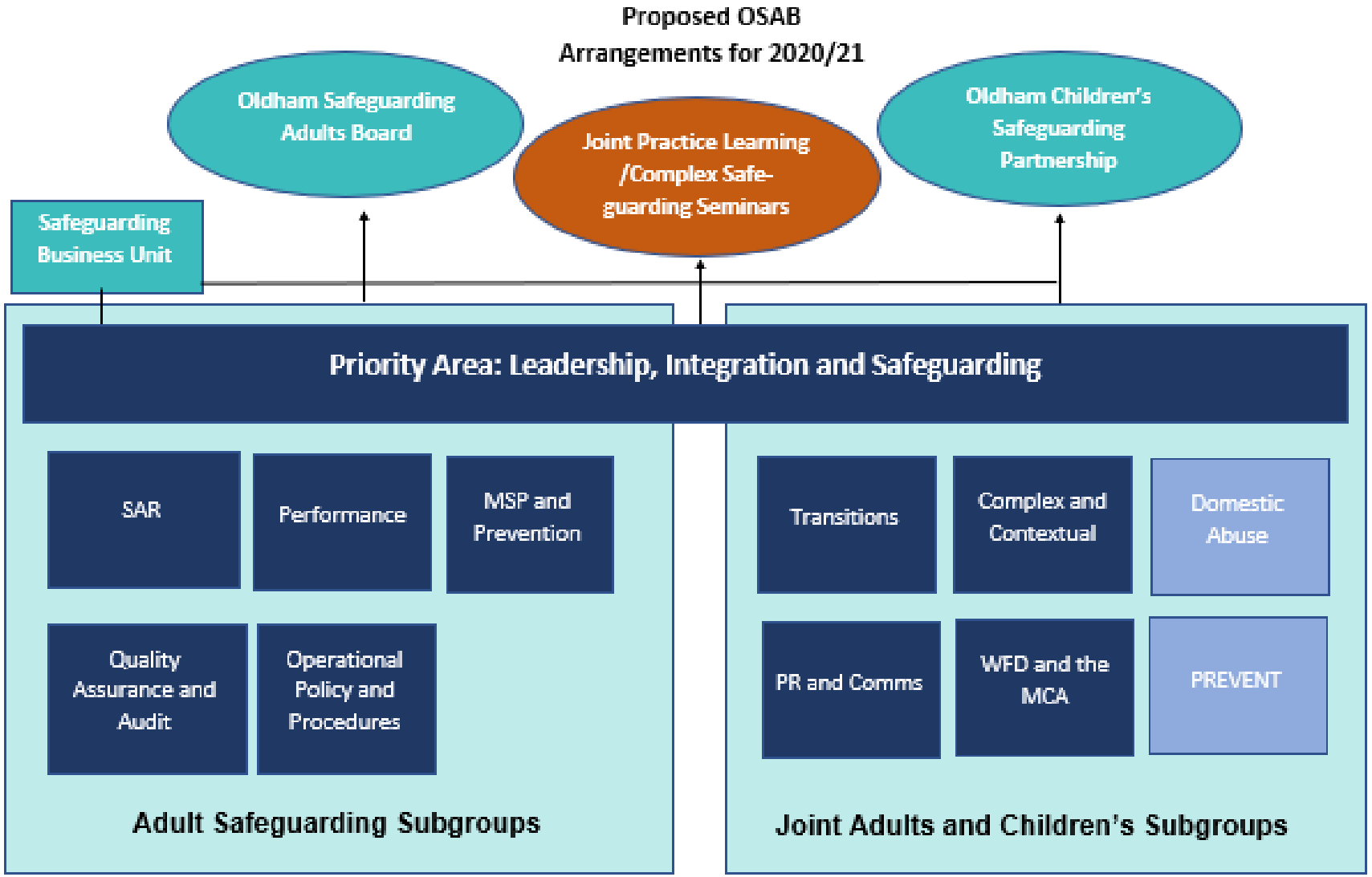
- Safeguarding Development day with consultation from Dr Adi Cooper in February 2020.
- Agreed by the Board in May 2020
- Aligns recommendations from number of different reviews into a single plan:
  - Stockport Safeguarding Peer Review
  - SARs
  - 2019 Thematic Review: Self-neglect
  - 2019 prevention case study review
- Delivered by a new OSAB structure; refocused Board membership, removal of the Executive Group meetings and creation on 'multi-agency practice learning seminars
- Key focus on the 'all age' safeguarding offer for Oldham and greater integration and alignment with Children's Strategic Safeguarding through joint website, forum and subgroups


Findings highlighted in OSAB Annual Report to ensure public accountability
SAR Thematic Reviews/S42 Reviews/ Rapid Reviews
Multi-agency Practice Learning Seminars
Learning translated into Policy and Practice guidance
Policies translated into Workforce Development and training resources
Impact reviewed by Quality Assurance and Audit

OSAB Business Plan 2020-21

Key priorities for next 3 months:

- Develop role of adult safeguarding and integration within the 5 PCN/Hubs to align operational and strategic priorities
- Launch Oldham's adult safeguarding website
- Expand Safeguarding enquiry and reporting more widely across partner organisations and community settings
- 'No wrong door' safeguarding policy supported by more robust data collection, training, WFD, and communication targeted at 5 PCNs and community settings
- Multi-agency learning event on Self Neglect planned for September as a joint initiative with Children's following some joint Rapid Review
- Flexibility & robust planning for Covid-19 activity


Proposed OSAB
Arrangements for 2020/21
Oldham Safeguarding Adults Board
Joint Practice Learning /Complex Safe-guarding Seminars
Oldham Children's Safeguarding Partnership
Safeguarding Business Unit
Priority Area: Leadership, Integration and Safeguarding
SAR
Performance
MSP and Prevention
Quality Assurance and Audit
Operational Policy and Procedures
Adult Safeguarding Subgroups
Transitions
Complex and Contextual
Domestic Abuse
PR and Comms
WFD and the MCA
PREVENT
Joint Adults and Children's Subgroups

Debbie Dooley

Detective Superintendent - Vulnerability

Greater Manchester Police

Risks and Mitigation

- Online sexual exploitation raised as a concern due to increase use of social media during lockdown
- Concern about hidden elder abuse of people aged over 65 as visits to care homes and residential properties are reduced

- GMP monitoring data and report no increase in trend identified locally

- Promotional campaign via social media and promoted trough partners on the OSAB

- Reduction in reported cases due to closure of schools and colleges. Issue promoted through Let's Talk About It website via https://www.LTAI.infor/

Future Developments

- New Stalking Powers
- New Adults at Risk Policy
- Channel Peer review and implementing forthcoming national guidance
- Review Training offer

Claire Smith

Director of Nursing and Quality

Oldham Clinical Commissioning Group

Risks and Mitigation

- Coronavirus Act 2020 changes EOL verification and concern about remotely signing DNACPR by GP without patient or family involvement
- Clinicians required to ensure MCA principles continue to be adhered to and issue with IMHA/IMCA access
- Self-neglect as people stay away from primary care and A &E resulting in preventable deaths

- Process developed re Statements of Intent and DNACPR to ensure consistent practice and understanding
- Collaborative multi-agency working and systems adapted to allow virtual access to IMHA/IMCA
- Successful social media and comms campaign

Report to Health Scrutiny Sub-Committee

Thriving Communities and Health Improvement Update

Portfolio Holder:
Cllr Sean Fielding, Leader of the Council

Officer Contact: Rebekah Sutcliffe: Director of Reform

Report Author: Peter Pawson – Thriving Communities Programme Manager - peter.pawson@unitypartnership.com

July 2020

Purpose of the Report
To update member of the Health Scrutiny Sub-Committee on the progress of the Thriving Communities Programme and response to Community Bronze need during the Covid-19 pandemic.

Recommendations

The Sub Committee are asked to note the progress and changes to ways of working.

Thriving Communities Programme Update

Background

1. **Recap - The Oldham Model -** The Council, and its partners, are committed to a co-operative future for Oldham where 'everyone does their bit and everybody benefits.' The Partnership's Oldham Plan 2017-22 sets out the Oldham Model for delivering tangible and sustained change through a focus on inclusive economy, thriving communities and co-operative services.

Fig 1 - *The Oldham model graphic*

2. **Recap - Thriving Communities** – To accelerate the Thriving Communities element of the Oldham Model and deliver the common objectives of our health and social care integration - Oldham Cares - £2.69m was agreed from the Greater Manchester Transformation Fund as part of the Health and Social Care transformation fund to support GM devolution.

The programme is a 3 year programme which focuses on;

- building upon our strengths and support groups in the voluntary, community, faith and social enterprise sector
- supporting people earlier in the care pathway
- driving the shift to more earlier intervention and prevention by helping Oldham residents make better life choices and not progress into higher levels of need

The programme will deliver £9m+ of reduced demand in the health and care system (reducing pressure on primary care and acute currently quantified and agreed in the business case signed off by commissioning partnership board in August 2018) in the establishment of Oldham Cares as well as delivering wider benefits to Oldham residents around improving their general physical and mental health and wellbeing.

Figs 2 and 3 *- Thriving Communities Programme/Projects & Social Prescribing Leaflet*

Update – Thriving Communities Response to COVID-19

3. Due to the recent COVID-19 pandemic some projects in the Thriving Communities Programme have been paused so efforts could be made to support the Community Bronze response.
Coronavirus Emergency Need Helpline - Thriving Communities team have worked with council colleagues and partners to mobilise the Coronavirus Emergency Need Helpline. The Council, Oldham Foodbank and Action Together have worked together to arrange delivery of food, medicine and other essential personal and household items to people in need. This offer is for people who are unable to leave the house and don't have a trusted friend, neighbour or family member to help them.
Access Oldham Staff are taking the phone calls from the helpline and triaging people's needs. A referral is made into 1 of 5 community Place hubs that have been mobilised to cover the five areas of Oldham. The hub staff are made up of district coordinators, youth development, community development and Sports development staff and have helped residents to get access to Food, medication and essential personal and household items. The helpline was receiving over 100 phone calls a day with 50% of those calls being referred into the Place Hubs for support.

4. **TOR Database-** To support the mobilisation of the Coronavirus Helpline and Place Based Hubs a bespoke database using Microsoft Dynamics has produced to record referrals into the Place Based Hub. This is a database where multiple members of staff can see the incoming referrals in their areas for processing and can they can establish the correct support using the information and data on the database about the individual. This database has improved information management between staff and has allowed us to gather a deep insight and data around the activity of the helpline and the Place Hubs. This was a successful joint effort between the programme, Unity and community organisations.

5. **COVID-19 Medication Collection and Delivery Pathway-** In order to relieve the heavy demand already placed upon community pharmacies, NHS Oldham CCG and Oldham Council collaborated to provide a service that ensures all patients, particularly the shielded and vulnerable, receive their medications. A process was set up to offer collection and delivery of medication using council vehicles. Support was also on offer from pharmacists to help Hub staff with the medication needs of residents. The process has been implemented successfully with residents recieving the medication they need. The process and service are

reviewed regularly by CCG and Council staff. This was signed off by the Local Pharmacy Council within a week.

6. **Test and Trace-** The National Contact Tracing Service launched 28th May 2020 and forms a central part of the government's Covid-19 recovery strategy. This Requires a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public. This work is being split into two parts, the first part someone with Symptoms of Coronavirus they will have to isolate, have a test, get the results and if positive they will have to share who they have been in contact with. The second part is if someone is contacted by the NHS test and trace service because he or she has been in close contact with someone who has tested positive for coronavirus. These individuals will have to be alert, isolate and have a test if needed. Oldham is developing prototypes for testing hard to reach groups including rough sleepers, faith communities, asylum seekers, clinically shielded, Learning Disability, diagnosed Mental Illness, Victims of Domestic Abuse and those with complex social-economic circumstances. Mobile testing sites are also being set up to serve our BAME and emerging communities.

7. **The Thriving Communities Index-** During the Covid-19 response the Thriving Communities Index has been used for the comparison of helpline call locations, which correlate to a mix of the index and overall deprivation. This has helped us to ensure that all communities that are less thriving are using the helpline to some extent. It has also informed informal discussions about diabetes prevalence

   By cross referencing the data from the call database and overlaying the data from the thriving communities index the council were able to analyse information on their neighbourhoods to monitor low call engagement zones which indicated that there may be unmet need in these areas caused by the national emergency. A multi-language comms campaign was then carried out to reach further into these communities to ensure that they had the right support to deal with the socio-economic impacts of C19. More information can be found at

   https://www.local.gov.uk/oldham-council-and-unity-partnership

Update- Progress on Thriving Communities work that has continued during COVID-19

8. **The Social Prescribing network** is bridging the gap between medical care and the community, by having community connectors in each cluster that work with primary care (and other care forms such as acute, mental health, social care etc.) then support people into the right type of community support. This network helps people who may be coping with life or more than medical challenges such as;

   - Social isolation / loneliness
   - Loss of confidence or purpose
   - Low level mental health
   - Healthier lifestyle choices such as physical activity
   - Life changing events like bereavement or birth
   - Living a life with a long-term condition

   We have initiated a new 3 year contract in April 19 which has been commissioned via an Innovation Partnership (a new model of commissioning one of the first in England – which allows the approach to be iterated and evolved through coproduction with residents and higher emphasis on social value). The partnership is;

   - Led by Action Together and includes;
   - Positive Steps

- Age UK
- Mind
- Altogether Better

Oldham people can directly refer themselves via the Oldham Cares website or a phone call or an email. If you need better connections in your community or this type of support, then you should not need to go via a GP to access it and we accept that not everyone uses technology so having the phone line is key. https://oldhamcares.com/thriving-communities/social-prescribing/

Social Prescribing Update:

Due to the COVID-19 pandemic and government guidelines around social distancing a lot of the groups that support residents who use the Social Prescribing service have been temporarily paused. This has led to a change in the operation of the Social Prescribing Consortium. Staff from Action Together have been redeployed to help with the Oldham Covud-19 response with staff working in the Place Hubs and the foodbanks to support our most vulnerable residents. Social Prescribing Link workers have moved from face to face interactions to phone interactions and online alternatives have been sourced for individuals and groups in forms of support.

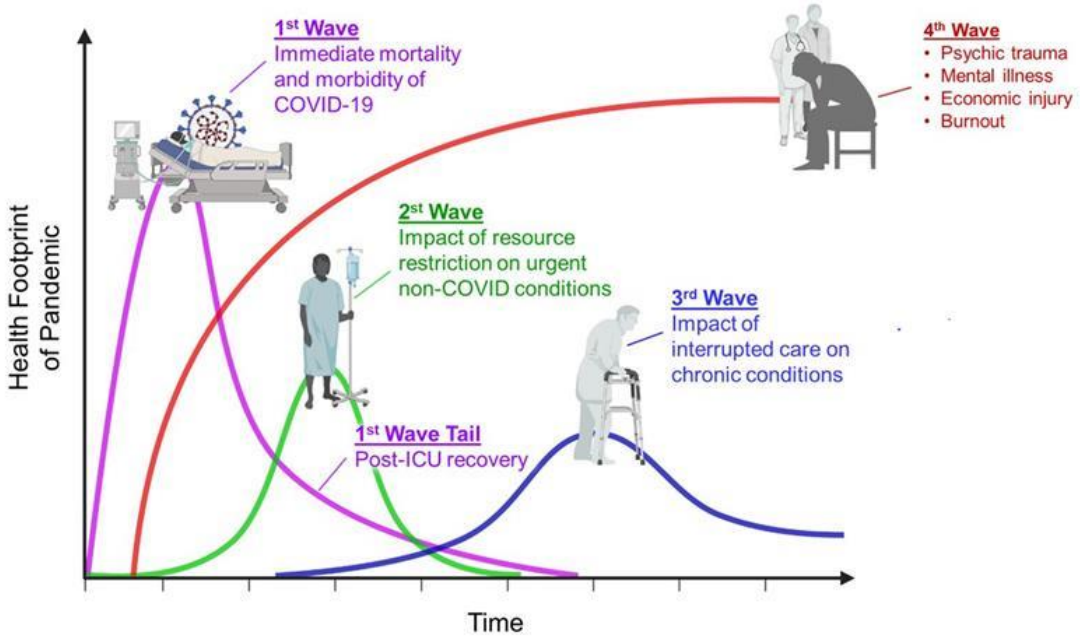


Figure 3.1 - The path of the pandemic on community wellbeing and what social prescribing will need to adapt to

There has been no change to the Social Prescribing funding envelope and potential growth through the engagement with primary care. The COVID response stage is still winding down which has led to planning for a transition stage for the consortium. This will include:

- Re initiating link worker recruitment with potential additional posts 4- 8
- Rebuilding links with cluster teams (CHASC)
- Review elemental with IT team and primary care delegates
- Maintain link with Place Based Integration
- Upscaling of direct support to those who are socially isolated e.g. telephone and virtual befriending
- Support to groups to adapt to social distancing

A transition plan is also in place to plan for the next 6-12 months, which combines the Social Prescribing Model with a befriending model (which will raise funds outside the Social Prescribing model) to support those who are socially isolated and need extra support.

Social Prescribing Data:
All data is captured from interactions and trackers in the SP network there is a challenge we are currently working on with Oldham Cares to obtain timely health data (but a challenge for all in the health and care system locally – which has been escalated). There is a caveat here around causality and attribution e.g. there are many variables in a person's life, and it is hard to pinpoint a change to just one intervention.

Fig 4.0 - below shows the graph of increasing referral numbers broadly aligned to contract milestones. As we can see the rate of increase has more than doubled now the SP network is operating on the borough footprint. Since COVID-19 there has been a decrease in the number of referrals from Primary Care however referrals from Primary Care are starting to increase since the easing of lockdown measures. In total there have been 656 referrals into the Social Prescribing Service. There has been a drop in referrals due to covid but we are expecting a surge in the future as unmet need bubbles up.

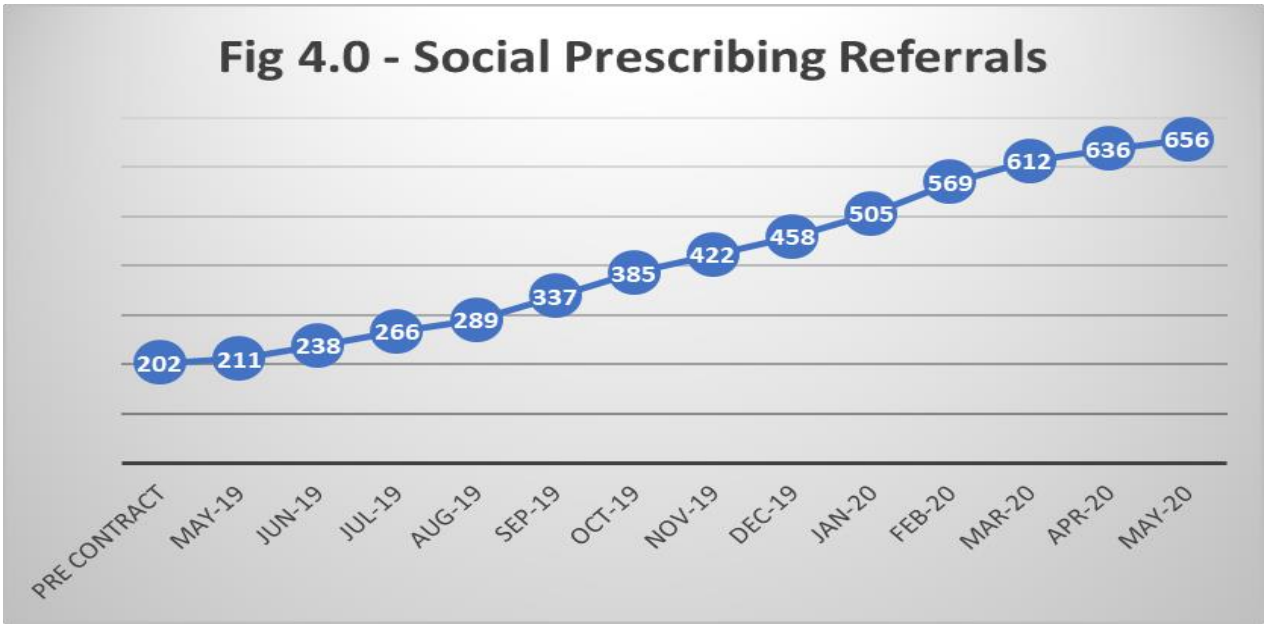


Figure 4.1 below shows the most current Social Prescribing deflections data. The deflections data is only reported on for people who have completed their six-month review.

Figure 1.4	Baseline Number	Review Number	Count	% Reduction
Overall Reduction in Ave A&E Visits	**12**	**2**	**10**	**-83.33%**
Overall Reduction in Ave GP Appointment	**108**	**49**	**59**	**-54.63%**
Overall Reduction in Ave Non-Elected Hospital Admissions	**4**	**1**	**3**	**-75.00%**

To summarise the data key message - Deflections conversions are higher for primary care, non-elective bed days and accident and emergency admissions. This is caveated by a small sample size that is limited currently by access to acute and primary health data – which is a system wide challenge to be resolved with an initial plan in place to progress.

9. **The Fast Grants** – The 19/20 programme commenced in July 19. By March 2020 all the monies had been awarded into over 140 grassroots community groups without an overly bureaucratic process. Grants ranged from £50 to £500. The Fast Grant monies for 19/20 was allocated and due to the current Covid-19 situation group activities have been paused. The allocation and process of this financial years funding and monitoring for Fast Grants is to be agreed pending further guidance.

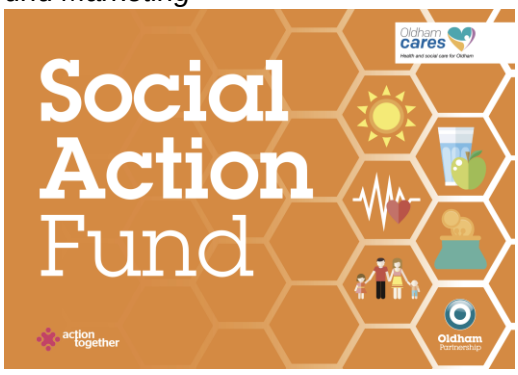
10. **The Social Action Fund** – Social isolation is a growing issue in Oldham. 10% of all people at all ages in Oldham self-identify as being lonely and >30% of all households in Oldham are classed as single occupancy. The fund will use £850k over 3 years to commission 5 medium sized projects to tackle loneliness head on for Oldham as well as physical and mental health. The 5 successful projects were agreed by commissioning partnership board in April 2019. By its very nature all projects involved promoting and increasing social interactions and involving people through participation, volunteering and coordinating community activity. At the time of UK government introducing lockdown measures in response to the Covid19 crisis projects were between 6 and 12 months into three-year programmes. The lockdown restrictions have had a significant impact on all five projects and what they are able to deliver, each project has responded and adapted based on the nature of the project and their individual organisational circumstances. New partnerships have been developed through the Community of Practice which continues to be active via Whatsapp and Teams.

- **The Oldham BAME Consortium**: Project activities have shifted online through Zoom and Whatsapp, plus the introduction of telephone befriending activities, provision of activity packs and therapeutic services. The project is also supporting BAME communities with wider needs as a result of the crisis including access to food, essential supplies, bereavement support, providing information about government guidance etc. and signposting to other services. More online activities are planned such as online Yoga sessions in partnership with Wellbeing Leisure and online cooking classes.
- **Wellbeing Leisure:** Lockdown restrictions meant the physical activity sessions being held at Oldham Leisure Centre and through other community centres had to be cancelled. The project coordinator is providing online exercise classes for residents, including an

online continuation of the Friday club. Some exercise advice has also been provided over the phone, and activity packs, exercise at home booklets and exercise bands provided. Plans underway to trial online sessions with new parents via Children's Centres, and to look at outdoor activities on street, walking groups and in partnership with local parks (as government guidance allows). They will be promoting their activities via a feature on That's Manchester TV, and this opportunity will be available to all Social Action Fund projects.

- **Oldham Play Action Group and Wifi** - Due to lockdown restrictions the play streets and cooking courses planned for Spring and Summer have been cancelled during what would have been the busiest period of the year for the project. OPAG staff have been furloughed. WIFI NW continues to operate and provided hot meals to the Street Angels drop-in, as well as supporting the East Oldham Hub by providing meals to particularly vulnerable families and doing online cookalongs and tutorials including how to make healthy meals from government ration packs. Planning is now underway for alternatives to play streets, such as activity packs, online activities and socially distanced street activities (when government guidance allows).
- **Street Angels**: Street Angels continue to operate their twice weekly food drop-in with a reduced team of volunteers as a takeaway service from the Hunters Lane base. Hot food was provided by WIFI NW through SAF funding for some weeks, and is now being provided by Oasis Academy, they also provide other food, clothing and supplies as donations allow. As lockdown has continued they have seen numbers attending increase. They have been successful in bidding for the Action Together Covid19 Response Fund to support this activity and with a bid into the GM Mayor's homelessness fund this is enabling them to provide additional support in terms of food, technology and improve their own food storage facilities. Their on-street activity on Saturday nights has ceased completely due to lockdown, and this has delayed the start of the Friday night offer.
- **Groundwork Consortium:** Groundwork project staff have been furloughed during this period, so their project activities have been paused during this time. Talk, Listen, Change have continued their counselling service online, and have seen a resulting increased attendance from people. They have offered this service to other Social Action Fund partners. Get up and grow have plans for a house plant subscription service for residents of the sheltered housing they have been working with previously. Plans are being drawn up for alternative activities Groundwork will be able to provide going forward.

Figs 6 & 7 – *Fast grants and Social Action Fund Marketing*



11. **Thriving Communities Hub** – work is underway through the Thriving Communities Hub to embed the Thriving Communities approach through strategies to support a sustainable Voluntary, Community, Faith and Social Enterprise sector (VCFSE). In particular; this has focused on the following areas, these areas have been paused during Covid19 crisis however are now being picked up and progressed again. Work is also underway in partnership with Action Together to understand the impact of the crisis on the VCFSE sector sustainability, and to identify priorities for action coming out of this.

- **Investment**; a Thriving Communities Funding Opportunities partnership group has been established to identify pipeline projects and priorities and develop strategic relationships with funders. A review of public sector grant funding has been undertaken, alongside a review of best practice, with a view to developing a more strategic approach across partners within the borough.
- **Evidence**; a broad evaluation framework for Thriving Communities has been agreed by Commissioning Partnership Board which incorporates a mixed methodology recognising the wider determinants of health and system impact of the approach. A tender process is underway to appoint an evaluation partner who we will work with to co-design and implement the evaluation.
- **Engagement, Co-design & Co-production**; the Thriving Communities team are working with a range of partners to understand current approaches to involving residents in the borough and identify the opportunities and barriers to creating a more consistent system wide approach to this in Oldham. Initial proposals will be discussed by SDA in Spring.
- **Physical Assets**; £7k LGA funding has been secured to provide 17 days expert support to Oldham's Community Centre Network enabling them to develop proposals for joint working and shared infrastructure. This will also provide a fuller understanding of the sustainability of the centres which will feed into an Overview and Scrutiny review of the Community Asset Transfer process.

A joint bid has also been submitted on behalf of Oldham Council, Oldham CCG and Action Together to the National Lottery and King's Fund Healthy Communities Together fund to support the development of connectivity and collaboration between health and care commissioners and the VCFSE sector. The outcome of the first stage bid is expected in early July.

12. **Communications, media and profile for Oldham** – The work of Thriving Communities is being viewed as leading edge – The Thriving Communities Index has been used as a Case Study by The Times on Digital Transformation and COVID-19. The Social Prescribing Innovation Partnership and Thriving Communities have been nominated for the Innovation in Politics Award – which is a high profile European award previously won by Jean Claude Juncker.

13. **Workforce Development** –Workforce Development – Team Oldham Workforce Strategy has been signed off by Cabinet. In line with the Strategy, new governance arrangements will be put in place and all workforce programme, including any that are proposed to continue will need to demonstrate that they fit with the Strategy's approach and ambition.

Strength Based Approaches – contract awarded to The Big Life on 7 April 2020, currently working with them on the approach to codesign. In normal circumstances, the codesign would be undertaken face to face via a number of workshops, however given the current situation with COVID19 it is proposed that this happens virtually. In addition, it is proposed that The Big Life work with a cross section of the Oldham Cares workforce (circa 40 staff) commencing at the beginning of July.
As part of the codesign of the strengths based approaches training, alignment with Public Health training programmes (such as MECC and Health Literacy) and any other new initiatives will be taken into consideration. Any further next steps around the wider workforce development will be taken through the new Workforce Strategy Board.

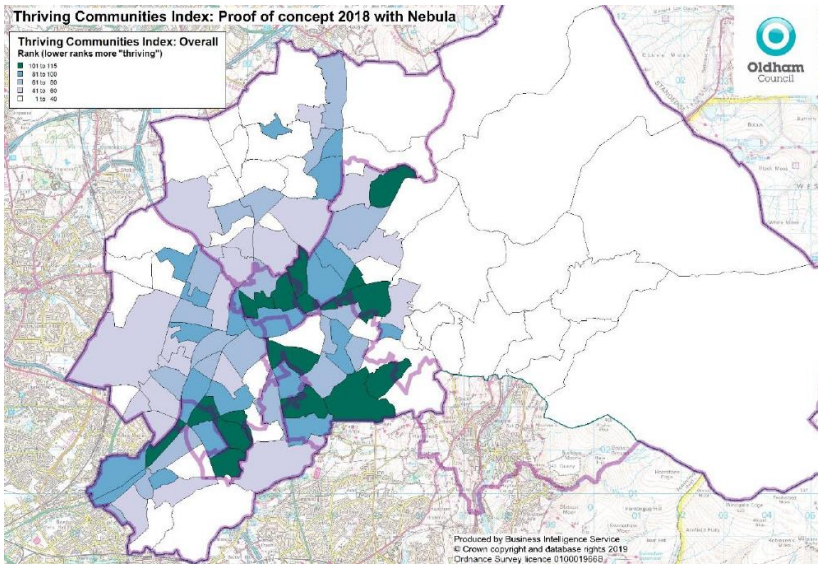
14. **A stronger focus on evidence and evaluation with the Thriving Communities Index** – The Thriving Communities Index segments Oldham into and pulls in 39 indicators in categories of Place, Resident and Reactive Demand – to give us deeper insight into where

our positive and negative norms lay within the borough. The index has been used in the implementation of social value in procurement. And the Nebula analysis highlighting the lack of youth-friendliness compared to age-friendliness was used to challenge some of the preconceptions and has led to a widening of the measure on community support.

During the Covid-19 response the Thriving Communities Index has been used for the comparison of helpline call locations, which correlate to a mix of the index and overall deprivation. This has helped us to ensure that all communities that are less thriving are using the helpline to some extent. It has also informed informal discussions about diabetes prevalence.

The index is available for those involved in the planning and delivery of services including members to use and can be loaded onto their machines via a mapping tool – we strongly encourage take-up – please contact report author for the link.

Fig 8 *- The Thriving Communities Index Map*



14 **Health Improvement Update -** Commissioners are working with providers to ensure that revised service delivery, in line with FRSH guidance, is in place in Oldham and across GM to ensure that complex and urgent patients are still able to access services, whilst communicating what is still currently available for the wider population. Recovery Planning is underway, starting initially with ensuring that people are able to access their contraception of choice with a focus on Long-Acting Reversible Contraception (LARC – Implants and IUD/IUS). There has also been a focus on HIV Testing as part of the national #breakthechain campaign.

Community Stop Smoking service delivery has changed to offer virtual appointments in line with government guidance but the provision of stop smoking treatment and behavioural support has remained throughout the ongoing COVID-19 pandemic. Numbers accessing the service are comparable with the same period last year although it was hoped that GM Comms activity would result in an increase in the numbers of people accessing the service as part of #quitforcovid.

Commissioning activity for the Health Improvement and Weight Management service has been suspended following feedback from the market. Commissioners are considering next steps in light of COVID-19 recovery and the impact of the pandemic on the local system.

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Report to HEALTH SCRUTINY COMMITTEE

Council Motion – Ban on Fast Food and Energy Drink Advertising

Chair:
Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services

7th July 2020

Reason for Decision
A Council Motion 'Ban on Fast Food and Energy Drink Advertising' has been referred to the Health Scrutiny Committee for consideration before the Motion is considered in detail by the Council.

Recommendations

The Health Scrutiny Committee is invited to consider the information presented within the submitted report and determine a way forward with regard to further consideration of the Motion.

Council Motion – Ban on Fast Food and Energy Drink Advertising

1 Background

1.1 At the meeting of the Council held on 11th September 2019 the Council referred the following Motion to the Overview and Scrutiny Board –

"Council notes that:

- Fast food contains high level of fats, salt and sugar and energy drinks often contain high levels of caffeine and sugar.
- Excessive consumption of these products contributes to obesity, tooth decay, diabetes, gastro-intestinal problems, sleep deprivation and hyperactivity.
- The Royal College of Paediatrics and Child Health predicts half of all children in the UK will be overweight or obese by 2020.
- The Mayor of London banned all fast food advertising on publicly-controlled advertising spaces across London's entire transport network.
- Sustain and Foodwatch recently published a report 'Taking Down Junk Food Adverts' which recommends that local authorities regulate adverts on public telephone boxes and that the Advertising Standards Authority should be able to regulate advertising outside nurseries, children's centres, parks, family attractions and leisure centres.

As a local authority with a statutory responsibility for public health, Council believes that it should do all that is possible to discourage the consumption of fast food and energy drinks.

Council therefore resolves to:

- Ask the Chief Executive to write to the Chief Executive of Transport for Greater Manchester asking TFGM to impose a ban on the advertising of fast food and energy drinks on publicly owned poster sites etc across the Greater Manchester transport network.
- Ensure that fast food or energy are not advertised on any hoarding or within any building owned by this Council including large advertisements on bus stops.
- Ensure that such products are not sold to children or young people on any of our premises.
- Ask our NHS, social housing, voluntary and private sector partners, including the Mayor of Greater Manchester, to make a similar undertaking.
- Ask the Chief Executive to write to the relevant minister requesting the recommendations of the 'Taking Down Junk Food Adverts' report be adopted as government policy as soon as possible; copying in our local members of Parliament to seek their support."

1.2 Following a further referral from the Overview and Scrutiny Board to this Committee, the Health Scrutiny Committee at the meeting held on 7th January 2020 resolved that a report on the Motion be submitted to the next meeting.

2 Considering the Motion

2.1 Obesity is a recognised and complex public health problem that requires action across society, including the food and drink industry, local and national government and the voluntary sector. While it may be that not all fast food is unhealthy, it can be high in

calories, saturated fat and salt, plus low in fibre, fruit and vegetables. If obesity – a leading cause of ill health and premature death – is to be reduced, the factors that influence food choices must be addressed. Restrictions on the advertising of unhealthy foods might be one route to encourage more informed choices as to diet and therefore be one route to reduce obesity. A summary of the evidence base on High Fat, Salt and Sugar (HFSS) Food Advertising, prepared by the Public Health Team, is attached as Appendix 1 to this report.

2.2 The Mayor of London introduced a ban on 'junk food advertising across London's public transport network with effect from February 2019, looking to remove posters for food and drink high in fat, salt and sugar, and any new advertising bookings would be subject to that policy. The Policy seeks to reduce children's exposure to junk food advertising, but also empower Londoners to make healthier food choices. The Policy was not without critics, the Advertising Association raising concerns that commuters could suffer due to reduced advertising revenues and considering that the ban would have "little impact on the wider societal issues that drive obesity" and that the UK already had "the strictest rules in the world when it comes to advertising high fat/salt/sugar foods" which meant under-16s could not be targeted. However, reports have quoted Transport for London (TfL) as indicating that large advertisers had confirmed they would continue to advertise products that are not too high in fat, salt and sugar on the TfL network under the new rules (BBC News, 25th February 2019). Issues have arisen with regard to implementation, insofar as 'unexpected' food items were caught in the ban definition, with further criticism on costs following in the media (City AM, 27th June 2019). The relevant part of the Transport for London (TfL) advertising policy, and related guidelines are attached at Appendix 2 to this report which also note that a review of the approach is to be undertaken in spring 2020.

2.3 Transport for Greater Manchester (TfGM) have indicated that they are keen to support efforts to reduce childhood obesity in GM, have engaged with the Mayor's Office, have undertaken their own assessment of the London ban and other policies imposed by transport and local authorities, and engaged with the advertising industry to gauge their views on the impact of the ban. Concerns highlighted or issues for consideration include the fact that TfGM's estate/advertising inventory is proportionately smaller than TfL's and so a similar ban would have less impact, that the ban does not necessarily impact on other commercial activities such as in TfL's leased estate, that the advertising of HFSS might be deflected to unrestricted sites nearby thereby negating the impact of a ban, the issues of unexpected foods being either caught in the ban or falling outside it arising from the use of Public Health England's nutrient profile scoring system, and that TfGM's current advertising contracts do not allow for imposition of additional restrictions on advertising categories.

2.4 TfGM are giving a careful consideration of their contribution to reducing childhood obesity while minimising the impact on revenues and the impact on the levy. For example, revenue from an advertising contract linked to bus shelters plays a crucial role in offsetting the cost of bus shelter replacement and minimising the impact on the levy. TfGM are however exploring increasing the HFSS advertising exclusion zone near schools and establishing a ring-fenced fund (contributed by advertising revenue) to support GM activities to tackle childhood obesity. Engagement with the advertising industry has raised awareness of a media fund of free advertising space available to the public sector to promote healthy living initiatives; TfGM are intending to apply to this fund for TfGM marketing campaigns that promote healthy living and to promote this to the Districts.

2.5 The Sustain and Foodwatch report is available here - http://www.foodactive.org.uk/wp-content/uploads/2019/04/Taking_Down_Junk_Food_Ads.pdf The Project leading to the published report had sought to investigate the breadth of the advertising of foods and

drinks with HFSS in public spaces, to share successes and barriers to challenging such advertising, and to produce guidance to assist local areas in challenging HFSS in public spaces. The published report considered the obesity epidemic, obesity and HFSS marketing, TV and online marketing and outdoor advertising, before considering the current regulatory landscape for outdoor advertising, including the Government's Childhood Obesity Plan, the Advertising Standards Agency (ASA) and local authority powers to regulate advertising practices. As guidance, the report included successes and failures in challenging HFSS advertising near to schools, in other settings with a high audience of children, within the Council's control (including Transport Authorities), and in other notable settings through the ASA regulatory regime.

2.6 The Report concluded with nine recommendations, two each to national and local government, and five to the ASA and the Committee of Advertising Practice (CAP).

2.7 Relevant to the Motion, the recommendations to Government were that –

1. Government needs to tighten restrictions on in-store advertising, which would include the area immediately surrounding stores, which the ASA does not adjudicate on. This could be as part of their proposed changes to in-store promotions (consultation ended April 2019), or if not, as part of future policy.
2. Local government needs to be given more powers, and help to better understand existing powers, to impose restrictions to meet local priorities. The proposals to close the planning loophole on public telephone boxes will help but may serve to shift the advertising to different settings. Further, councils should be given powers to restrict the type of advertising on public telephone boxes

2.8 Although not referenced in the Motion, the recommendations to local government are also pertinent to this report –

8. Local government public health teams should lodge complaints on suspected breaches of CAP Codes on advertising of HFSS products to under-16s to the ASA Complaints process, where adverts are placed in settings with a high footfall of children and young people (not just primary and secondary schools), in order to provide a body of evidence in relation to how companies are currently exploiting existing loopholes in the rules.
9. Councils could mirror the Greater London Authority's Healthier Food Advertising policy across settings over which they have control, as a few London boroughs are proposing, and introduce rules which ensure public advertising spaces are only used to healthier products and eating habits, and therefore pre-approves food advertising campaigns in line with this policy. And where they do not control them but have some financial stake, they could seek to influence these contracts.

2.9 For completeness, the full set of recommendations are included at Appendix 3.

3. The Council's position

3.1 With regard to ensuring that fast food or energy (drinks) are not advertised on any hoarding or within any building owned by this Council and that such products are not sold to children or young people on any of our premises, the Head of Strategic Estates and Facilities Management has advised that no such advertising or sales are conducted on the Council's estate.

3.2 It is noted that this is the Council's 'direct' estate and like the TfL position above does not reflect the Council's managed/leased estate etc. For example, the Council's advertising agreements prohibit political, religious and tobacco advertising, and any changes to the current position might impact on income.

3.3 With regard to the public health dimension, the reduction of obesity levels is a key area of work between public health and a range of colleagues across the local authority, health service and other sectors and services. The Public Health team had planned to put forward a new Healthy Weight and Physical Activity Strategy for agreement until this was placed on hold due to the need to concentrate on mandated services on response to Covid-19. The proposed Strategy would contain an action relating to restricting unhealthy food adverts. The Strategy delivery would be overseen by a multi-agency steering group and the Health and Wellbeing Board, providing an excellent opportunity to share the Council's approach with other partners and encourage them to sign up to do the same. These actions would support one of the intentions of the Council Motion and the recommendations of the Public Health Team at paragraph 3 to Appendix 1 which themselves are supportive of recommendations 8 and 9 in the Sustain and Foodwatch report.

4. Options available to the Committee

4.1 The Health Scrutiny Committee is invited to consider the information presented within the submitted report and determine a way forward with regard to further consideration of the Motion.

4.2 In considering their options, issues the Committee may wish to consider in light of the information presented in the report include -

- whether it is appropriate to make a recommendation to Transport for Greater Manchester to ban advertising of fast food and energy drinks (or HFSS as termed in the Sustain and Foodwatch report) in light of information submitted;
- whether, in support of the objective of tackling childhood obesity, the Sustain and Foodwatch report "Taking Down Junk Food Ads" should be shared with the Council's partners as part of an encouragement to adopt a similar ban on advertising and sale of fast food and energy drinks/HFSS;
- whether the recommendations to government to tighten restrictions on in-store advertising, which would include the area immediately surrounding stores, which the ASA does not adjudicate on and to give local government more powers, and help to better understand existing powers, to impose restrictions to meet local priorities can be supported and recommended to Council.

4.3 However, in light of current circumstances, the Committee may wish to defer consideration for say six months to allow a re-assessment of Public Health priorities and workloads, for example in relation to the Healthy Weight and Physical Activity Strategy, and the further implications of the proposals within the Motion.

5 Financial Implications

5.1 No financial implications for the Council have been identified in relation to this Motion. However, any recommendation of the Committee that has potential financial implications for the Council would require a consideration by the Cabinet.

6 Legal Services Comments

6.1 Any legal implications arising are considered within the body of the report.

6. Co-operative Agenda

6.1 The Motion as submitted presents options that could enable the Council to promote a common approach to the advertising and sale of fast food/HFSS with the intention of contributing to the reduction of childhood obesity.

8 **Human Resources Comments**

8.1 There are no Human Resources implications associated with this report.

9 **Risk Assessments**

9.1 There are no particular risk issues associated with this report.

10 **IT Implications**

10.1 The are no IT systems implications associated with this report.

11 **Property Implications**

11.1 The are no Property Implications associated with this report.

12 **Procurement Implications**

12.1 The are no Procurement Implications associated with this report

13 **Environmental and Health & Safety Implications**

13.1 The are no Environmental and Health & Safety Implications associated with this report.

14 **Equality, community cohesion and crime implications**

14.1 There is evidence (referenced in appendix 1) that young people from deprived areas are more likely to consume HFSS products, have increased exposure to HFSS advertising and have a poorer awareness of health conditions associated with overweight and obesity.

15 **Equality Impact Assessment Completed?**

15.1 No

16 **Key Decision**

16.1 No

17 **Background Papers**

17.1 There are no background papers as defined by Section 100(1) of the Local Government Act 1972 to this report.

18 **Appendices**

18.1 Appendix 1 - High Fat, Salt and Sugar Food Advertising: a summary of the evidence – paper prepared by the Public Health Team.

Appendix 2 – Transport for London advertising policy and guidance (extract related to High Fat, Salt and Sugar food advertising).

Appendix 3 – Recommendations of the Sustain and Foodwatch report ‘Taking Down Junk Food Adverts’.

APPENDIX 1

High Fat, Salt & Sugar Food Advertising: a summary of the evidence

1 Introduction

Consumption of unhealthy food high in fat, salt or sugar (HFSS) is linked to a wide range of health problems including obesity. Consuming too much sugar-containing food and drinks can lead to weight gain, which in turn increases the risk of heart disease, type 2 diabetes, stroke and some cancers. It is also linked to tooth decay - both excess weight and tooth decay are associated with deprivation in England.[1]

Food and beverage marketing is one of the factors driving the upward trend in global obesity rates among children and there is an extensive body of research indicating children's exposure to this type of marketing, much of which promotes food and beverages of low nutritional quality, influences their dietary preferences, purchasing behaviours, and consumption patterns.[2] Existing evidence also shows that children are more susceptible to such adverts as they encourage increased consumption of such food items among them.[3]

Some local authorities in England, notably London, have banned advertising of junk food in public spaces to reduce children's exposure to such adverts. This review aims to provide evidence to inform plans to restrict or ban outdoor adverts of unhealthy food products within Oldham.

2 The evidence base

2.1 Exposure to HFSS adverts and their consumption

In 2015 it was estimated that the advertising industry spent £178 million on non-broadcast HFSS advertising while only 1.2% of the entire broadcast advertising expenditure was dedicated to promoting fresh vegetables.[4]

A 2019 UK study[5] found that young people from the deprived areas of the UK were more likely to consume a range of HFSS products, report increased exposure to HFSS advertising and have a poorer awareness of health conditions associated with overweight and obesity.

A 2016 World Health Organisation (WHO) review found the following:[6]

- Marketing communications of transnational food and drink industries influence the dietary behaviours of young people and contribute to energy-dense and nutrient-poor diets, increased risks of unhealthy weight gain and negative health outcomes
- Children have a biological preference for sweet and salty tastes and infants and young children younger under 5 years are considered especially vulnerable to marketing practices that promote sugary and salty food and beverage products
- Children's recognition of branded food logos increases with age and overweight children are more likely to recognize the brands of fast food restaurants than those of other food and beverage products
- Children who recall branded unhealthy food and beverage products have stronger preferences for such products compared with those who do not
- Children's knowledge of unhealthy food and beverage products increases their obesity risk

- Adolescents aged 12–18 years have more discretionary income than younger children and are uniquely susceptible to a digital marketing landscape that normalizes unhealthy food and beverage products.
- Such marketing is also associated with materialistic values and aspirational lifestyles that often have harmful impacts among young people

A review by Cancer Research UK found that:[7]

- Seeing one extra broadcast HFSS advert/ week predicts consumption of 350 extra HFSS calories/week
- Young people report eating 30 HFSS items per week, but only 16 portions of fruit or vegetables. The estimated calorie intake from the HFSS products amounts to approximately 6,300 calories/week, equivalent to 30-40% of a young person's weekly guideline amount.
- Young people from deprived backgrounds have significantly worse diets than young people from more affluent backgrounds

2.2 Progress made in restricting advertising to children in the UK

From 1 April 2007 Ofcom TV scheduling rules to restrict HFSS adverts to children were phased in with the final phase coming into force on 1 January 2009 banning all such adverts from children's channels. An Ofcom review in 2010[8] found that the intervention was effective in reducing children's exposure to unhealthy food adverts. Compared with 2005, in 2009:

- children saw around 37% less HFSS advertising (i.e. a reduction of 4.4bn impacts);
- younger children (4-9-year olds) saw 52% less (3.1bn impacts); older children (10–15-year olds) saw 22% less (1.4bn impacts);

In July 2017, new rules for advertising of HFSS products in non-broadcast environments were introduced by the Committee of Advertising Practice (CAP) with compliance monitored by the Advertising Standards Authority (ASA), [9] the self-regulatory body of the advertising industry in the UK, based on the industry's code of practice.[10]

A Government consultation on further HSFF advertising restrictions based on actions contained in the Childhood Obesity Action Plan (Chapter 2) ended in June 2019 and awaiting analysis.[11] This included proposals for stricter controls to non-broadcast media (social media, website advertising etc.) and restrictions on price promotions and placement of unhealthy food and drink. It has however been observed that the plan did not include outdoor advertising of less healthy food and drink, through billboards, trojan telephone boxes and bus stops.[9]

2.3 Effective interventions

- The WHO recommends that settings where children and adolescents gather, and the screen-based programmes they watch, should be free of unhealthy foods and sugar sweetened beverages.[6]
- A Canadian study showed industry self-regulation has limited impact on improving healthfulness of advert contents and recommended mandatory regulation. [12]
- Evidence highlights the impact of healthy food advertising:[13]
    - Healthy, anti-obesity, and mixed food advertising reduces intakes of total calories, fat, sodium, and carbohydrate
    - Anti-obesity, healthy, and mixed food advertising increases the probability of selecting more healthy items and fewer unhealthy items from a menu

    - Healthy food advertising has a stronger impact than anti-obesity or mixed food advertising
- A systematic review shows that: [14]
    - Cartoon media character branding can positively increase children's fruit or vegetable intake compared with no character branding use.
    - Familiar media character branding can be more powerful influence on children's preferences, choices and intake of less healthy foods compared with fruits or vegetables.

3 Recommendations

- The proposal to restrict or ban outdoor advertising of unhealthy food adverts in public spaces locally should be accompanied by measures to promote healthier options.
- To support the implementation of the policy it is recommended that where breaches of CAP Codes on advertising of HFSS products to under-16s are identified these are reported to the ASA.

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APPENDIX 2

TfL advertising policy
Revised guidelines effective February 25, 2019 (extract)

2. **Required standards for approval of advertisements**

(p) it promotes (directly or indirectly) food or non-alcoholic drink which is high in fat, salt and/or sugar ('HFSS' products), according to the Nutrient Profiling Model managed by Public Health England. It is for the advertiser to demonstrate (in case of any doubt) that any product is not HFSS, and/or that an advertisement is not promoting HFSS products, and/or that there are exceptional grounds. A set of guidelines is available which provides more details of how this aspect of the policy is implemented.

……

TfL Ad Policy: Approval Guidance Food and Non-Alcoholic Drink Advertising

1. **General Principles**

1.1 The UK Nutrient Profiling Model (NPM) is widely used and has been subject to rigorous scientific scrutiny, extensive consultation, and review. Furthermore, the scoring system it uses balances the contribution made by beneficial nutrients that are particularly important in children's1 diets with components in the food that children should eat less of. It has therefore been concluded that the NPM model is the best way of identifying food that contributes to child obesity. Such food and non-alcoholic drink is not only purchased directly by children but is bought for them by others.

1.2 Guidance on how to identify whether a product is considered HFSS under the NPM is available here.

1.3 The outcome of any reviews or revisions of the NPM will be taken into consideration.

2. **Practical exceptions**

2.1 The NPM allocates points on the basis of the nutrient content of 100g of a food or non-alcoholic drink and does not differentiate between products on the basis of typical portion size or manner of consumption. TfL recognises that adoption of the NPM could lead to unintended consequences, in that some products that are not believed to make a contribution to child obesity could become restricted. Advertisements for food and non-alcoholic drink that is considered HFSS under the NPM may be considered for an exception by TfL if the advertiser or their agent can demonstrate, with appropriate evidence, to TfL's satisfaction, that the product does not contribute to HFSS diets in children.

2.2 Where an exception is granted by TfL:
- Copy should not suggest that the product/s are 'healthy', given their overall HFSS rating;
- Copy should be presented in a way that is targeted at adults and adult settings; and
- Copy must comply with TfL's overall advertising policy and copy guidance.

2.3 This process is detailed further at Appendix A, which demonstrates the areas that TfL may take into consideration when assessing requests for exceptions.

2.4 A review of this approach will commence in spring 2020.

3. **Advertisements featuring only non-HFSS products**

3.1 These would normally be approved but would still need to comply with other sections of TfL's Advertising Policy.

4. **Advertisements featuring only HFSS products**

4.1 Where a proposed advertisement features only food and/or nonalcoholic drink which is rated HFSS, such copy would be rejected, unless a practical exception has been agreed by TfL as per paragraph 2.1 of this document.

4.2 It is therefore recommended that, before committing to advertising production, advertisers should discuss their eligibility with TfL's agents.

5. **Advertisements where there is a range of food/nonalcoholic drink featured, some of which is HFSS**

5.1 The advertising of HFSS products is unacceptable under the policy, so a range or meal could not feature them e.g. fish, chips and peas could only be advertised if all products were non-HFSS, unless a practical exception has been agreed by TfL as per paragraph 2.1 of this document. This would also apply to any meal settings being shown, including those for restaurants, aggregator platforms and delivery services.

5.2 It is the responsibility of advertisers and their agents to verify the status of the products featured using the NPM.

5.3 Where an HFSS product is featured incidentally (e.g. it is only partially visible or is indistinguishable, from other non-HFSS products) TfL or its agents may agree to its inclusion in copy if it is satisfied that the image does not promote the HFSS product.

6. Advertisements where no food or non-alcoholic drink is featured directly but the advertisement is from or features a food and/or non-alcoholic drink brand

6.1 This may include:
• advertisements where the brand's logo is included but no products, e.g. a brand values campaign.
• directional signage to a store, app or website;
• promotional advertising which is price led but features no products e.g. '50% off everything' or similar;
• advertising about a business or its performance; and
• Sponsorship of an event or attraction by a food or non-alcoholic drink brand.

6.2 Food and non-alcoholic drink brands (including food and drink service companies or ordering services) will only be able to place such advertisements if the advertisement promotes healthier options (i.e. non-HFSS products) as the basis of the copy.

6.3 Where a logo from a food or non-alcoholic drink brand is featured incidentally TfL or its agents may agree to its inclusion in copy if it is satisfied that the image does not promote HFSS food and/or nonalcoholic drink.

6.4 Where advertisers are uncertain about the classification of proposed copy under these guidelines, they should discuss this with TfL's sales agents.

7. **Advertisements where food and non-alcoholic drink is shown 'incidentally' i.e. it is not the subject of the advertisement but is included (or implied) by visual or copy:**

7.1 HFSS products should not be promoted by being featured in advertisements for other products. It is the responsibility of advertisers and their agents to verify the HFSS status of the products featured using the NPM.

7.2 Where a food or non-alcoholic drink item is featured incidentally and does not relate to a specific identifiable product which can be assessed for its HFSS status, advertising copy may be rejected by TfL or its agents on the basis that the advertisement promotes the consumption of HFSS foods.

8. **Advertisements where food and non-alcoholic drink is referenced in text, through graphical representations or other visual representation**.

8.1 HFSS products should not be promoted through references in text, graphical images or other visual representations of food and nonalcoholic drink. Where a food or non-alcoholic drink item is featured in this way and does not relate to a specific identifiable product which can be assessed for its HFSS status, advertising copy may be rejected by TfL or its agents on the basis that the advertisement promotes the consumption of HFSS foods.

9. **Indirect promotion of HFSS food and/or drink**

9.1 Where a product is non-HFSS but falls within a category covered by PHE's recommendations for sugar or calorie reduction, the product should always carry a prominent product descriptor to help differentiate it from non-compliant products (e.g. where an advertisement features a non-HFSS pizza or burger, the image should be accompanied by prominent text that names the specific product and retailer).

9.2 Children should not usually be shown in advertisements for products which are compliant in a category which is covered by PHE's recommendations for sugar or calorie reduction.

10. **Portion sizes**

10.1 The NPM model is based on nutrients per 100g of a product, rather than recommended portion size. Advertisers should always ensure that they promote products in portion sizes which encourage healthy eating. For products that are non-HFSS but fall within a category covered by PHE's recommendations for sugar or calorie reduction, the product should be displayed as a single portion, unless agreed otherwise by TfL or their agents.

10.2 If advertisers and agencies are unsure about how to interpret this, or any other aspect of these guidelines, we would encourage them to get in touch with TfL so that we can work together on a solution and avoid submitted copy requiring changes or being rejected.

END

APPENDIX 3

Sustain and Foodwatch report – 'Taking Down Junk Food Ads'

Recommendations

National Government

1. Government needs to tighten restrictions on in-store advertising, which would include the area immediately surrounding stores, which the ASA does not adjudicate on. This could be as part of their proposed changes to in-store promotions (consultation ended April 2019), or if not, as part of future policy.
2. Local government needs to be given more powers, and help to better understand existing powers, to impose restrictions to meet local priorities. The proposals to close the planning loophole on public telephone boxes will help but may serve to shift the advertising to different settings. Further, councils should be given powers to restrict the type of advertising on public telephone boxes

For the Advertising Standards Agency (the ASA) and Committees of Advertising Practice (CAP)

3. The ASA should consider any area where children congregate to be unsuitable for HFSS advertisements, which we believe should include nurseries, children's centres, parks, family attractions and leisure centres. These additional locations should be incorporated into Outsmart's database which is used by the outdoor advertising industry to search for permitted sites to advertise HFSS products, and which currently only restricts by proximity to schools.
4. We recommend that the 100m measure is reviewed, partly to clarify if this is measured as the crow flies and where it is measured from e.g. the school entrance. More importantly we think this distance should be increased to reflect the distance that children travel to reach schools, and at the very least this distance should be reviewed on the basis of evidence, rather than relying on an arbitrary distance decided by the advertising industry.
5. The ASA should remove the application of a 25% audience threshold for outdoor advertising, recognising it is impossible to enforce with evidence in this context. It should instead focus on implementing meaningful restrictions (such as other recommendations listed here) that aim to eliminate or significantly reduce children's exposure to HFSS product advertising in all outdoor settings frequented by children.
6. The ASA must have, and use, powers to levy fines on any company (the brand owner, the immediate marketing agency or the company that physically places the advert) whose advertisement breaks the rules more than once in 3 years. Any advertisement that has the same circumstances of a previously adjudicated complaint, should go straight to compliance.
7. The ASA should be more transparent in publishing and publicising the names of all companies that have been in breach of the rules, not just those that have been subject to investigation and a formal ruling. Where the case has been informally resolved or dealt with through compliance, more information should be published and publicised on the nature of the breach/complaint.

Local Government

8. Local government public health teams should lodge complaints on suspected breaches of CAP Codes on advertising of HFSS products to under-16s to the ASA Complaints process, where adverts are placed in settings with a high footfall of children and young people (not just primary and secondary schools), in order to provide a body of evidence in relation to how companies are currently exploiting existing loopholes in the rules.
9. Councils could mirror the Greater London Authority's Healthier Food Advertising policy across settings over which they have control, as a few London boroughs are proposing, and introduce rules which ensure public advertising spaces are only used to healthier products and eating habits, and therefore pre-approves food advertising campaigns in line with this policy. And where they do not control them but have some financial stake, they could seek to influence these contracts.

Briefing to -

Overview and Scrutiny Board — **Date: 03/03/2020**

Health Scrutiny Committee — **Date: 07/07/2020**

Subject: **For Information**

United Nations – Sustainable Development Goals

Report of:

Jonathan Downs (Corporate Policy Lead) / Mahmuda Khanom (Policy Support Officer), x.5691

Sign-off:

Rebekah Sutcliffe, Strategic Director of Communities & Reform (20.02.2020)

Summary of the issue:

The purpose of this report is to highlight how Oldham is championing and implementing the United Nations Sustainable Development Goals, providing an overview of the work that is being undertaken across the organisation to support this.

Recommendations to Overview and Scrutiny Board:

To note the work being undertaken by Oldham that contributes to the ambitions of the UN's Sustainable Development Goals.

Oldham Council

1 Introduction

1.1 The Sustainable Development Goals (SDGs) are a collection of 17 global goals set by the United Nations General Assembly in 2015 as a "blueprint to achieve a better and more sustainable future for all".

1.2 In July 2019, at Oldham's Full Council meeting, a unanimous motion was passed to commit Oldham to the 17 Sustainable Development Goals set out at the United Nation's 2030 Sustainable Developmental Agenda meeting, 'as far as it is practicable and within its power and resources'.

1.3 The purpose of this report is to highlight how Oldham is championing and implementing the SDGs, providing an overview of the work that is being undertaken across the organisation to support this. Please note, this report provides a high-level summary of the work which aligns to each goal. It is not an exhaustive list of all Council activity in relation to the SDGs.

2. Sustainable Development Goal 1 – No Poverty

'End poverty in all its forms everywhere'

2.1. Oldham Council is committed to tackling poverty and inequality, helping everyone across the borough to achieve their full potential. This includes:

- Providing financial support to residents through **Oldham's Welfare Rights Service**, advising about entitlement to welfare benefits and supporting residents to challenge benefit decisions.

- Establishing the **Oldham Poverty Action Group (PAG)** in 2013 which includes representatives from the voluntary, community, faith and social enterprise sector, Oldham Council, housing associations, local businesses and DWP representatives. The Poverty Action Group meets with the overall aim to reduce the impact of poverty on the most vulnerable people in the borough. This has included working with the Department for Work and Pensions to change how benefit sanctions are administered and supporting the Oldham Food Network successful crowdfunding efforts for Oldham's foodbank kitchen.

- Helping people into employment through **Get Oldham Working and the Career Advancement Service**, which has secured over 6264 work related opportunities for Oldham residents to date.

- Delivering the award-winning **Warm Homes Oldham** programme which continues to pull people out of fuel poverty every year. So far, an estimated 6000 people have been helped out of fuel poverty because of the scheme.

- Redirecting Council spend through our **local wealth building** approach, which currently sees 55% of all Council spend retained within Oldham (and over 80% in GM) creating more opportunities for Oldham residents.

- Working with the Department of Education and Oldham Education Commission to deliver Oldham's **Opportunity Area** programme, aiming to improve social mobility and using education as a key driver to achieve this.

- Undertaking **Poverty Proofing Audits** in schools, which aims to support schools to identify and overcome the barriers to learning that children and young people from families with less financial resources face. To date three schools in Oldham have been audited: Broadfield Primary School, St Hilda's CE Primary and Hathershaw College. The next steps will be to review the process and learning from this with a view to carrying out 3 more pilots.

- Successfully achieving accreditation as **Foundation Living Wage Employer** in November 2019. The accreditation commits Oldham Council to paying at least the Foundation Living Wage of £9 per hour to all staff, and to work with suppliers to ensure that they do the same. This rate is above the Government's current National Living Wage of £8.21.

Next Steps

2.2 Oldham Council will continue to work co-operatively with our communities and our partners to reduce poverty together. At present, The Council is engaged in a national pilot alongside three other local authorities and being led by the Children's Society, to explore how crisis support can be better co-ordinated. The pilot involves the scrutiny of the Council's Local Welfare Assistance Scheme and explores how it is used in relation to other sources of crisis support from VCFSE partners. The aim is to ensure that resources are maximised through better co-ordination and elimination of duplication to ensure that no-one falls through the welfare safety net.

2.2 We are supporting a Poverty Truth Commission (led by Action Together) aimed at putting the voice of people experiencing poverty at the heart of our decision and policy making. The findings of this work will be used to inform the Council's development of a poverty strategy and action plan to inform changes that we may need to make to our systems, processes and procedures, within and across organisations to tackle poverty in the borough.

2.3 Additionally, at a GM level, Oldham is participating as a pilot authority in a project to explore the impacts of welfare reform and Universal Credit on Council services and on recipients, with a view to informing systems change to ensure people receive the help they need when they need it and lobby, with GMCA, for changes to Government policy where needed.

3. Sustainable Development Goal 2 – No Hunger

'End hunger and achieve food security'

3.1 Oldham Council is working to tackle food poverty across the borough, aiming to ensure that all people have access to high quality, nutritious food. This includes:

- Establishing a cross-sector food partnership to develop a sustainable approach to food in Oldham. The '**Growing Oldham: Feeding Ambition'** Partnership is chaired by Oldham Council and has been meeting regularly since it was established in 2016. The purpose of Growing Oldham: Feeding Ambition is to work in partnership to support key

food priorities and drive a sustainable and co-operative approach to food, Coordinates approaches through closer partnership working.

- Delivering the provision of free food and enrichment activities during school holidays for disadvantaged children. Oldham's **Holiday Hunger** scheme aims to match food provision with holiday enrichment activity. The scheme has grown over the past year and proposals are in place to extend provision for a further two years, across all 13 weeks of the school holidays.

- Supporting Oldham's **emergency food providers**, including Oldham Foodbank. In 2019, as part of potential EU Exit mitigation planning, £20k was committed to strengthen and increase resilience in the emergency food provision sector in Oldham. Doctors, social workers, health visitors, CAB, and police all receive training about the offer of Oldham Food Bank and each organisation can refer people to the food bank for emergency food supplies.

- Coordinating the delivery of '**Fair Access to Food For All**' in Oldham through Growing Oldham: Feeding Ambition. The Partnership captures insight from all parts of Oldham's food system and effectively links strategic policies and decisions around food, to actions making a real difference on the ground. Through these relationships across people and partners, the group can realise a lasting and effective approach to the future of food in Oldham.

- Participating in **The Food Chains 4 EU** project is an INTERREG European-funded programme led by Oldham Council and Manchester Metropolitan University on behalf of GM. Working with international partners from Netherlands, Italy, Bulgaria and Romania, it is looking at informing and influencing regional strategic priorities. Food Enterprise is one of the main focusses in how regional funding can be used grow the sustainable food and drink sector for Greater Manchester. Oldham recently co-hosted a GM Peer Review, bringing international experts from the participating countries into the region to look at four key issues – including Food Enterprise – and how the current training, business planning and development for food businesses could be strengthened further.

Next Steps

3.2 The *Growing Oldham Feeding Ambition* Partnership will continue working with communities and partners across Oldham to tackle food poverty across Oldham. Expert support is being provided by Foodsync to develop this partnership, our vision for food in the borough and the action plan to achieve Sustainable Food Cities Silver Award.

3.3 There is a commitment, subject to securing continued funding, to increase and expand the Holiday Hunger initiative. As well as to explore how we can commit to a long-term plan (e.g. 5 years) that alleviates child food poverty, both inside and outside of the school day.

4. Sustainable Development Goal 3 – Good Health and Wellbeing

'Ensure healthy lives and promote well-being for all at all ages'

4.1 In Oldham we are committed to creating the conditions for residents to take greater control over their own lives, including their health and wellbeing. Our approach to improving the health and wellbeing of our residents is based on the three pillars of the Oldham Model:

- Thriving Communities – Enabling communities to make the right health and wellbeing choices and investing in community capacity.
- Inclusive economy – Building wealth for our communities and the right type of business opportunity that provide jobs and career paths linked into Education for the people of Oldham
- Co-operative services – Integrating services around local resident need. This includes:

- Delivering Oldham's **Right Start Programme** which is a service that works with parents from pregnancy until children are five years old. The service provides a range of support from Right Start practitioners such as health visitors, community nurses and early years staff. These practitioners will work closely with other Right Start partners such as midwives, GPs, school nurses, early years settings and schools.

- Delivering the **Pre-school Oral Health Improvement Strategy** which embeds oral health improvement activity across the Right Start Service, School Nursing and preschools. The strategy includes establishing a culture that supports good oral health across Oldham, changing the culture so that there is a reduction in the use of feeding bottles containing sugared drinks, especially at night and engaging in social marketing programmes to promote oral health and uptake of dental services among preschool children and families.

- Implementing our **Thriving Communities Programme** which focuses on building on the strengths, people and groups that already exist within our communities and highlights how by using our community resources we can tackle problems earlier, rather than dealing with the symptoms later.

- Supporting our population to age well through our **Ageing Well** initiative is, supporting our older population to continue to thrive in employability. In March 2018, Oldham Council launched the Ageing Well Oldham Hub at Werneth Lifelong Learning Centre, a hub to help residents over the age of 50 further their career, get help with business funding and improve their overall health and wellbeing. Saddleworth and Lees has recently been named as one of the best places in Greater Manchester to grow old in the Greater Manchester Mayor's Age Friendly Challenge. The award recognises all the good work being carried out by a wide-range of organisations and groups, including the council, GPs, churches, residents, volunteers and partners.

- Providing a range of services to encourage and support residents to live healthier lives e.g. stop smoking services, weight management support and leisure services.

- Our **Making Every Contact Count** (MECC) programme promotes healthy behaviour changes such as stopping smoking, physical activity, eating healthily and positive

mental wellbeing. The MECC approach encourages 'health chats' and sign posting. MECC aims to reduce health inequalities.

Next Steps

4.2 Oldham is working hard to continue our health and wellbeing priorities and improve the health and wellbeing of our residents. In 2020 we will be developing a new Health and Wellbeing Strategy which will set out our vision and priorities for improving health and reducing health inequalities in Oldham.

5. Sustainable Development Goal 3 – Good Education

'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'.

5.1 Oldham has a rich variety of schools, and a thriving community with signs of improving performance across many educational indicators. We are continuing to improve educational attainment across Oldham. This includes:

- Improving outcomes at a faster rate than national growth at: Good Level of Development (GLD) and Key Stages 1, 2 and 5. Work continues to improve outcomes at Key Stage 4 and this is a key priority for the Service working with schools and the Opportunity Area in 2019-2020.

- Oldham's revised **Developing School Improvement Strategy** is also generating some interest beyond the Borough, given its ambitious objective of integrating the school improvement role of Multi Agency Team's (MATS) and the local authority in a sector led model - which will be predicated on a 'place based' philosophy.

- Oldham is making significant improvements for the education provisions for our children and young people with special educational needs. In September 2019, Ofsted/CQC revisited the borough and recognised Oldham's improvement journey and the positive changes made since 2017 in terms of provision for children and young people with SEND.

- To make education and learning accessible for all, our **Oldham Lifelong Learning (OLL) Service** offer a range of courses and qualifications to help our population improve their employment including nationally recognised qualifications in English and maths, including GCSE level. Other courses include vocational care and education courses, information and communication technology and digital Skills, languages and arts and craft.

Next Steps

5.2 Oldham Council will continue to work with our schools, The Opportunity Area and our parents to achieve our priorities set out in the Opportunity Area plan 2017-20. These priorities are:

- To ensure all children are school ready by the age of five.
- Raise attainment for all and raising it fastest for disadvantaged pupils.
- All children and young people to be ready for life, learning and work.

6. Sustainable Development Goal 5 – Gender Equality

'Achieve gender equality and empower all women and girls'

6.1 Oldham has taken steps forward to challenge gender inequality through series of initiatives and campaigns. This includes:

- Developing **The Oldham Domestic Violence and Abuse Strategy 2017-2020** which aims to tackle domestic violence and abuse. The Oldham Local Safeguarding Children's Board have responsibility for the formal governance of this Strategy, with the Domestic Violence and Abuse Partnership being the core body responsible for ensuring delivery of the action plan.

- In 2019 Oldham gained **White Ribbon Accreditation**, demonstrating Oldham Council's commitment to stop violence against women. To achieve accreditation, organisations are required to submit action plans which highlight how they will drive social change to strengthen gender equality and stop violence against women, improve organisational culture, safety and morale and increase knowledge and skills of staff to address violence against women.

- Ensuring any project, policy or proposal that has the potential to disproportionately impact on gender / sex is highlighted and, if possible, mitigated through the **Equality Impact Assessment** process.

Next steps

6.2 Oldham Council will continue to champion gender equality, including ensuring Oldham's workforce is representative of the communities it serves as part of the Workforce Strategy.

7. Sustainable Development Goal 6 – Clean Water and Sanitation

'Ensure access to water and sanitation for all'

7.1 Oldham Council has a responsibility under the Private Water Supplies Regulations 2009 to sample and monitor the water quality of Private water. This includes:

- Ensuring there is an adequate quality water supply to premises involved in food manufacture and food handling.

- As a Council, we have been actively promoting the refilling of drink bottles with water to staff and citizens to ensure there is greater access to water, but to also encourage sustainability and to reduce our reliance on single use plastics. Staff and building users, i.e. students at Lifelong Learning Centres, have been encouraged to carry a drink bottle and refill with water. Citizens have been encouraged to access free drinking water at designated water refill sites, i.e. organisations that have signed up to the Refill Campaign. Oldham Council sites, including Oldham Library and Lifelong Learning Centre, the Boathouse at Alexandra Park and Dunwood Park café have all signed up to the campaign. Oldham Council has promoted these sites plus other sites across the borough.

- In addition to supporting the Refill Campaign, Oldham Council is participating in a Greater Manchester (GM) initiative (co-ordinated by GMCA and the Environment Agency) to position water fountains in key locations across GM. Two water fountains have been identified for Oldham: one in the town centre and the other at a popular tram station.

Next Steps

7.2 Oldham is committed to carrying out its duties under the Private Water Supplies Regulations 2009 to ensure that our population has access to clean and safe water.

8. Sustainable Development Goal 7 – Affordable and Clean Energy

'Ensure access to affordable, reliable, sustainable and modern energy'

8.1 Working co-operatively with the community, the Council have developed several strategies to transform Oldham into a more energy efficient place and support our population access affordable and renewable energy. This includes:

- Implementing **Oldham's Climate Change Strategy 2013-2020** which sets out the way the Council will work in partnership with public, private and third sector organisations, as well as communities, to tackle the issues presented by climate change.

- Delivering several clean energy initiatives, including working in partnership with **Oldham Community Power**, a local community energy group to install community-owned renewable energy onto community and council owned buildings. This has included installing a 120kW solar PV system on Tommyfield Market, and around 220kW of solar PV has been installed on five schools and a community centre.

- Delivering Award-Winning **Warm Homes Oldham** programme is continuing to provide advice, support and energy saving measures to residents who are struggling to pay their energy bills and heat their homes.

- Leading the Interreg Europe funded **COALESCCE** project, which aims to build the community renewable energy sector across seven partner EU regions.

Next Steps:

8.2 The Council is developing a **Green New Deal Strategy** and is committed to achieving carbon neutrality by 2025, as well as achieving carbon neutrality as a borough by 2030.

8.3 Moreover, the new **Alexandra Park Eco-Centre** will run entirely from renewable energy generated on-site. In addition, a piece of feasibility work is underway looking at the potential to extract ground source heat from flooded disused coal mines using heat pumps, which could potentially provide low carbon heat to Oldham Town Centre.

9. Sustainable Development Work 8 – Decent Work and Economic Growth

'Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all'

9.1 Oldham is committed to creating the conditions for a fair and inclusive economy, set out in The Oldham Plan 2019-2022. Oldham's vision is for Oldham to become Greater Manchester's Inclusive Economy capital by making significant progress in living standards, wages and skills for everyone. This includes:

- Working with educational institutions, training providers and Lifelong Learning facilities to ensure a great education and vocational training offer and enable residents to be life ready and work ready.

- Helping people into employment through **Get Oldham Working and the Career Advancement Service**, which has secured over 7800 work related opportunities for Oldham residents to date.

- Delivering free advice, information and guidance through a range of employability programmes through Get Oldham Working, offering access to a range of accredited courses and training opportunities to upskill and increase individual educational attainment.

- Running the **Oldham Lifelong Learning** (OLL) Service which offers a range of courses and qualifications to help residents improve their employment including nationally recognised qualifications in English and maths, including GCSE level. Other courses include vocational care and education courses, information and communication technology and digital Skills, languages and arts and craft.

- Running the **Oldham Council Traineeship Programme**, a monthly initiative to get young people onto the career ladder. Whilst on the 6-month traineeship, candidates undergo employability training and receive assistance in finding progression opportunities towards the end of their traineeship.

- Providing support through **Ageing Well Oldham** which aims to help anyone over 50 get the support to further their career, get enterprise advice and health and wellbeing support.

Next Steps

9.2 We will continue to improve the skills base of adults while developing accessible pathways into work. We will continue to promote the value of higher-level study, ensuring it is linked to key sector priorities of the GM Local Industrial Strategy.

10. Sustainable Development 9 – Industry, Innovation and Infrastructure

'Build resilient infrastructure'

10.1 Infrastructure plays an important part of people's lives, contributing to our sense of identity and well-being, and bringing enjoyment and inspiration. Oldham Council is committed to building resilient infrastructure. This includes:

- Growing a sustainable new economy that builds upon our existing strong partnership with our voluntary and community sector. We have recently secured significant investment (£2.2m) from the **Local Access Fund**, working in partnership with our social enterprise sector, to provide more support for the sector's development. This proposal purposefully seeks to develop alternative business models that will build and retain social enterprise skills in the town and offer stable, well paid employment for Oldham residents.

- The **Northern Roots** project which seeks to support the development of Oldham's economy and build local skills as part of the development of the UK's largest urban farm and eco-park. Initially the focus will be on investigating ways to enhance the sustainability and biodiversity of the site, to offer even greater opportunities for recreation and leisure for local people, and to promote growing and green enterprise projects. It presents a significant opportunity to work with local communities to investigate ways that we can celebrate, protect and enhance our green spaces for the benefit of local people, the local economy and the planet.

- 99.1% of Oldham's Residents and Businesses have the potential to access **Fibre Internet** (speeds of over 24 Mbps). There are plans to launch access to 5G in Greater Manchester over the next few years. These will likely be centred around the city centre area. The combined authority has successfully bid for more than £23 million from the government to create a local full fibre network linking across the ten boroughs.

Next Steps

10.2 Implementing the recently approved proposals for a £306m town centre regeneration scheme, which will potentially include building 2,000 new homes and regenerating the town centre.

11. Sustainable Development Goal 10 – Reduced Inequality

'Reduce inequality within and among countries'

11.1 Inequality exists in many forms and Oldham aims to reduce inequalities that exist in all areas including: health and wellbeing, economic prosperity, education, and access to services. This includes:

- Publishing a **Fairness Statement** that sets out the overall objective of achieving an Oldham which is fairer and a more equitable place for all. The Council aims to achieve fairness across the borough for staff and residents through delivering services that are accessible, sensitive and responsive to the diverse needs of Oldham's individuals,

families and communities. Service design will prioritise community involvement, consultation and research enabling us to deliver services that meet the needs of our citizens.

- Reducing inequalities in education through **The Opportunity Area programme**, which is a Government initiative targeting specific places to improve literacy and give children with disadvantaged backgrounds the language skills to excel in education.

- Reducing financial inequality through **Oldham's Welfare Rights service**. The Welfare Rights Service provides free advice and support in relation to benefits, entitlement advice, assistance completing benefit forms, mandatory reconsideration, appeals and tribunals.

- Delivering the **Locality Plan**, which aims to tackle the large inequalities in health outcomes that exist across the borough. To achieve this, we are addressing the wider determinants of ill health including access to good education and employment and focusing our efforts on early intervention and prevention. We are also working with people and communities to enable them to take more control of their lives, be more involved in their communities with a focus on eating better, being more active and reducing alcohol consumption and smoking prevalence.

- Helping local people with disabilities find and keep a job through **The Wellbeing Service** which gives advice about best practice in the recruitment and retention of disabled employees.

Next Steps

11.2 We will continue to identify and address the causes of inequality across Oldham, working with services through the Equality Impact Assessment Process to identify any potential negative impacts on any identified equality groups.

12. Sustainable Development Goal 11 – Sustainable Cities and Communities

'Investing in public transport, creating green public spaces, and improving urban planning and management in participatory and inclusive ways'

12.1 We are committed to make Oldham a place where everyone feels safe and everyone can thrive. This includes:

- Improving Oldham's air quality by changing the Council fleet to electric vehicles or, where that is not practical, vehicles that are compliant with Euro 6 lower emission standards. We will also support the wider change to electric vehicles across the borough by installing more charging points.

- Delivering a major tree planting programme and work with GM for look at opportunities to introduce a **Clean Air Zone** across the region.

- Continuing to invest in our 22 parks (two of which are green flag recipients), ensuring everyone in Oldham can access high quality public spaces for leisure and recreation.

- Exploring options to further develop Oldham's Metrolink Service to create an 'orbital' tram route linking Oldham to Ashton-under-Lyne to boost connectivity across the boroughs. Transport for Greater Manchester's (TfGM) long-term 2040 Transport Strategy aims to deliver several improvements to the transport network by 2025.

- Increasing the number of cycle routes by creating 65 miles of new cycling and walking routes, as part of a proposal for Greater Manchester to create the UK's biggest network for people travelling by bike or on foot. The plans are part of a new 1,000-mile-long network – named **Beelines** – which will be the largest joined-up network in the UK and has been developed with all 10 GM authorities.

Next Steps

12.2 We will continue to invest in Oldham through our ambitious vision and strategic framework for the borough 'Creating a Better Place', which has been coproduced with partners, services, elected members, public sector organisations and different voices from our local communities to help clearly define regeneration ambitions, and to ensure that a vision was in place that was alignment with national, regional and local strategic priorities. This include the development and delivery of the Eco-Centre at Alexandra Park.

12.3 Culture is also central to the vision with facilities already delivered and the £13m project to transform the town's library into OMA – a new heritage and arts centre – getting underway in 2020. Momentum continues at Prince's Gate, with major players signing up to operate a supermarket and hotel at the scheme, kick-starting the wider regeneration of the Oldham Mumps area.

13. Sustainable Development Goal 12 – Responsible Consumption and Production

'Ensure sustainable consumption and production patterns'

13.1 Oldham is committed to promoting sustainable consumption and production and promoting sustainable consumption largely through our behavioural change in the manufacture, use and disposal of goods. Environmentally friendly practices are also expected to save money through the more efficient use of available resources. This includes:

- Implementing a **Single Use Plastics Strategy** which aims to reduce the use of single use plastics in the organisation and across the borough wherever possible.

- Delivering the **Get Oldham Growing project** which promoted local food growing and production. The programme works in partnership with local people, community groups and local organisations to improve peoples' health, skills and environment through growing, cooking and eating local food.

- Delivering the **Northern Roots** project, a 160-acre eco-park hosting many activities including the growing and processing of local organic food. The borough also has four community growing hubs – at Alexandra Park, Failsworth, Lees and Waterhead parks.

- Continuing to deliver the Council's **School Meals Provision** service which has won several sustainability awards for using local high quality, local produce.

Next Steps

13.2 We will continue to explore how we can become more sustainable as an organisation, including aiming to become paperless to reduce unnecessary waste.

14. Sustainable Development Goal 13 – Climate Action

'Take urgent action to combat climate change and its impacts'

14.1 Our industrial ways of living mean greenhouse gas levels continue to rise, trapping CO2 in the airs atmosphere and its effects are evident with temperature rising, sea levels rising and recent amazon fires. Oldham is dedicated to tackling climate change. This includes:

- Reducing our energy use and making our buildings more energy efficient to reduce the council's energy costs as well as cutting carbon emissions, renovating the corporate building stock to reduce the overall energy costs, associated carbon emissions and to take advantage of any opportunities for renewable energy generating technologies and associated subsidies which might exist.

- Implementing our **Carbon Reduction Commitment (CRC)** Energy Efficiency Scheme. The CRC Energy Efficiency Scheme is a mandatory government carbon tax scheme for large organisations. Oldham Council qualified to participate in Phase 2 of the scheme as our baseline electricity consumption is over 6,000MWh per annum. The purchase of carbon allowances costs the Council several hundred thousand pounds every year to comply. The Council is implementing ways to reduce its energy use, to reduce its energy bill and the cost of its CRC allowances.

- Developing Oldham's **Green New Deal Strategy** which will set out how we make the borough carbon neutral by 2030 and at the same time grow the green economy, creating jobs and training opportunities for residents in this high-value and fast-growing economic sector. One aspect of the new strategy will be a Citizens' Panel, which the Council will support to create and deliver its own climate change action plan, so that communities can improve their own neighbourhoods whilst tackling the climate and ecological emergency The Council has set targets for carbon neutrality:

    - For the Council as an organisation by 2025
    - For the borough by 2030
    - As part of the Greater Manchester city region by 2038

Next Steps

14.2 Oldham is committed to radically cut carbon emissions from council buildings, schools and homes, maximising low carbon energy production and using available energy more efficiently. We will work towards significantly cutting carbon emissions from transport by encouraging modal shift and active travel.

15. Sustainable Development Goal 14 – Life Below Water

15.1 Oldham Council does not have any direct responsibility for supporting this Sustainable Development Goal, however, we actively work with our partners including the Environment Agency, RSPB and Canal and Rivers Trust to ensure that Oldham's waterways, lakes and reservoirs are protected.

16. Sustainable Development Goal 15 - Life on Land

'Halt and reverse land degradation and halt biodiversity loss'

16.1 Oldham is known for its renowned greenspace, including parks, woodland and wild moorlands. Oldham is committed to protecting and preserving our natural greenspaces and wildlife, this includes:

- Implementing two **Public Spaces Protections Orders** (PSPOs) to protect huge swathes of moorland and wildlife following several devastating fires over the last few years. The PSPOs ban fires and barbecues from being used on Oldham's moorlands.

- Creating more wildflower verges and meadows, creating natural corridors for bees and insects. Over time the variety of plant life will increase, helping to support even more wildlife species.

- Continuing to plant more trees to improve air quality, providing habitats for wildlife, and to absorb carbon.

- Delivering **The Green Dividend Fund** which puts residents at the heart of design, delivery and maintenance of community gardens and edible landscaping projects. So far over 500 households and 1,500 residents have been involved, many of whom were not previously active in their communities. Over 50 projects are being delivered in spaces across the borough and this activity is helping communities develop a shared sense of belonging and promoting closer neighbourhood ties through their enjoyment of greener spaces, as well as promoting and enhancing local biodiversity.

Next steps

16.2 Oldham is committed to preserving nature and wildlife and a significant amount of funding has helped to improve the moorland habitats for wildlife, including restoring areas severely damaged by fire, increasing the heather on the moor, creating wet heath and pond areas, restoring drystone walls, the regeneration of clough woodlands and the management of conifer plantations for wildlife.

17. Sustainable Development Goal 16- Peace, Justice and Institutions

'Promote peaceful and inclusive societies for all'

17.1 At a local level, preserving peaceful communities through justice and ensuring services are available and inclusive to all is a key priority for Oldham's Stronger Communities Service. This includes:

- Responding to community tensions, tackling hate crime, preventing violent extremism & counter-extremism (objectives in the **Community Safety and Cohesion Plan**).

- Supporting the integration of migrant and new communities through a range of community development and engagement activities through **The Community Safety and Cohesion Partnership**. The partnership aims to support the integration of new communities, to prevent problems arising as a result of migration into the Borough and build positive relationships between new and existing communities. The current Community Safety and Cohesion Plan is currently being refreshed, ensuring it continues to align to Oldham's wider strategic priorities.

- Developing Oldham's partnership **Serious Violence Strategy**, which will aim to prevent and tackle young people falling into crime. This will also include working with parents, helping them understand the implications of knife crime and gang violence.

- Actively participating in the **GM Hate Crime Awareness weeks**, Oldham Pride and annual commemorative events including Holocaust Memorial Day and Remembrance Sunday.

Next Steps

17.2 We will work together with our communities and our partners to deals with issues such as reducing crime and anti-social behaviour, effective drug treatment, support for people experiencing domestic violence or hate crime, protecting you from fire and burglary, or nuisance neighbours.

18. Sustainable Development Goal 17 - Partnership for the Goals

'Strengthen the Global Partnership for Sustainable Development'

18.1 Oldham has a strong and successful history of working in partnership. with its local organisation to support the delivery of a 'Co-Operative Service, Inclusive Economy and Thriving Community' set out in The Oldham Plan. Our partners work together to improve outcomes for people and places in the borough. This includes:

- Establishing **The Oldham Leadership Board,** a cross partnership group which is responsible for driving the Oldham Model, as set out in the Oldham Plan 2017-22 and sets the overall direction for the borough. The Board share a common vision 'to make Oldham a place of ambition and are committed to working with each other and with

the people of Oldham to create a productive place with healthy, aspirational and sustainable communities.

- Championing health and social care and **place-based integration and reform**. Oldham has led the way regionally and nationally in developing a model for public service that puts the needs of people and communities before that of individual organisations. The approach is supported across Oldham, through the Joint Leadership Team, the Oldham Leadership Board and, at GM through the Wider Leadership Team and the GM Health and Social Care Partnership.

- Working in partnership through Oldham's Place Based Integration (PBI) initiatives which has seen multi-agency teams established to support residents and communities, providing a single approach to building resilience, informed by insight into what drives demand and shapes behaviour in communities, will there be a shift in inequalities that exist within the borough.

- Participating in the **Co-operative Councils' Innovation Network**, a national Network of 28 local authorities committed to finding new ways of working with residents and partners to find solutions to the collective challenges facing our communities.

Next Steps

18.2 We will continue to work through our collective challenges by drawing on the energy and creativity of our workforce, residents and partners to find solutions together.

Report to OVERVIEW AND SCRUTINY BOARD

Overview and Scrutiny Annual Report for 2019/20

Portfolio Holder:
Councillor Colin McLaren, Chair of the Overview and Scrutiny Board
Councillor Riaz Ahmad, Chair of the Performance and Value For Money Select Committee
Councillor Eddie Moore, Chair of the Health Scrutiny Committee

Report Author: Lori Hughes, Constitutional Services Officer
Ext. 4716

16 June 2020

Purpose of the Report

For the Overview and Scrutiny Board to review the Overview and Scrutiny Annual Report for the 2019/2020 Municipal Year.

Executive Summary

The report outlines the purpose of Overview and Scrutiny, the roles and responsibilities of the Overview and Scrutiny Board, Performance and Value for Money Select Committee and Health Scrutiny Committee. The report is a summary of the work undertaken by Overview and Scrutiny during the 2019/20 Municipal Year.

Recommendations

For the Overview and Scrutiny Board to commend the Overview and Scrutiny Annual Report to Full Council.

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Report to Council

Overview and Scrutiny Annual Report 2019/2020

Report of:
Cllr Colin McLaren, Chair of Overview & Scrutiny Board
Cllr Riaz Ahmad, Chair of Performance and Value for Money Select Committee
Cllr Eddie Moores, Chair of Health Scrutiny Committee

Officer Contact:

Report Authors: Lori Hughes, Constitutional Services Officer and Mark Hardman, Constitutional Services Officer
Ext. 5151

(Date TBC)

Reason for Decision

To provide Council with an overview of the contribution made by Overview and Scrutiny during the 2019/2020 Municipal Year as required in line with the Council's Constitution.

Executive Summary

The report outlines the purpose of overview and scrutiny, the roles and responsibilities of the Overview and Scrutiny Board, Performance and Value for Money Select Committee and the Health Scrutiny Committee, a summary of the work undertaken by overview and scrutiny during 2019/20 and an outline of how individuals can get involved in overview and scrutiny in Oldham.

Recommendations

Council is asked to note the contribution of Overview and Scrutiny during the 2019/20 Municipal Year.

1. What is Overview and Scrutiny?

1.1 All local authorities operating an executive form of governance must by law have an Overview and Scrutiny function. The function was introduced in the first instance by the Local Government Act 2000 and has been subject to legislative change and development over the years. The current principal legislative sources for overview and scrutiny functions and responsibilities are:

- Local Government Act 2000 (as amended) – powers for the overview and scrutiny function to:
  - Review or scrutinise decisions made, or other action taken, related to the discharge of any functions which are the responsibility of the Council's Executive.
  - Report or make recommendations to Council or the executive in respect of the discharge of any functions which are the responsibility of the executive.
  - Review or scrutinise decision made, other action taken, related to the discharge of any functions which are not the responsibility of the executive.
  - Report or make recommendations to Council or the executive in respect of the discharge of any function which is not the responsibility of the executive.
  - Report or make recommendations to Council or the executive on matters which affect the Council's area or residents of that area.

- Police and Justice Act 2006 – powers for the overview and scrutiny function to:
  - review or scrutinise decisions made, or other action taken, in connection with the discharge by those bodies responsible for crime and disorder strategies in the Borough of their crime and disorder functions;
  - to report or make recommendations to the Council with respect to the discharge of those crime and disorder functions.

- National Health Service Act 2006 (as amended) (and with specific reference to The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013) – the Council has powers, delegated to the Health Scrutiny Committee, to:
  - review or scrutinise any matter relating to the planning, provision and operation of the health service in the Borough area, including health related services of the local authority;
  - respond to a statutory consultation from an NHS body or a health service provider and, if considered appropriate and necessary, to report to the Secretary of State.

1.2 Overview and Scrutiny Committees therefore have the statutory powers to scrutinise those decisions that the Council's Executive is planning to take, those decisions it has taken but not yet implemented, and to review the effect of those decisions that have already been implemented. Overview and Scrutiny can also play a valuable role in developing policy. Recommendations following scrutiny considerations can enable improvements to be made to policies and how they are implemented.

1.3 Overview and Scrutiny bodies are made up of Elected Members (Councillors) who are not members of the Executive (or 'Cabinet') but who instead hold those Executive decision makers to account. The Overview and Scrutiny process is not political – it is driven by the interests of the residents of Oldham.

1.4 Overview and Scrutiny bodies cannot make decisions, but instead examine policies, decisions and areas of work in order to make recommendations to the Cabinet. It

acts as a “critical friend” to the Council and its partners around the decision-making process and uses informed debate and evidence to make its recommendations.

1.5 Scrutiny works to drive forward improvements to the Council’s policies, procedures and delivery.

1.6 There are three components of good scrutiny and good governance which are necessary in order for democracy at a local level to be participative - these are Accountability, Transparency and Involvement.

2 Policy Development

2.1 The key focus of overview and scrutiny work is to influence and develop policy. Overview and Scrutiny can do this through the following ways:

- Decision-Making Scrutiny - Holding the Executive to account is a key part of the Overview and Scrutiny role. This is done through receiving reports at Committee, Call-in and questioning of Cabinet Members at scrutiny meetings.

- Pre-Decision Input - Input on draft policies and strategies before they have been agreed by Cabinet or Council helps to ensure they are more robust and that a check and balance process is in place. It also provides an opportunity for cross party consensus to be developed on issues such as the Corporate Plan, Education Strategy and Council Tax Reduction Scheme. Overview and Scrutiny can act as a consultee in respect of such policies and potential new legislation.

- Monitor and Track Implementation of Recommendations - Ensuring that the views and contributions of Overview and Scrutiny have been considered when work is undertaken to improve services – an essential part of the scrutiny process.

2.2 Full Council may refer matters to Overview and Scrutiny for examination of the viability of implementing proposals contained in submitted Motions and the appropriate Committee will report back to the Council on their findings.

3 Roles and Responsibilities

3.1 Overview and Scrutiny Board

3.1.1 Membership

- Councillor McLaren (Chair)
- Councillor Price (Vice Chair)
- Councillor Jacques
- Councillor Surjan
- Councillor Taylor
- Councillor Toor
- Councillor Harkness
- Councillor Curley
- Councillor Hulme (Substitute)
- Councillor Alyas (Substitute)
- Councillor Akhtar (Substitute)
- Councillor Cosgrove (Substitute)
- Councillor Ibrahim (Substitute)
- Councillor Hamblett (Substitute)

3.1.2 The Overview and Scrutiny Board leads the development of the Overview and Scrutiny process in Oldham. The Board chooses issues and topics to look at during the year, be it reviewing a proposed policy in advance of decision or considering the impact of a key decision made by the Council.

3.1.3 The Board is also responsible for:

- Publicly holding the Executive to account for delivering the Council's priorities and for the decisions they make.
- Examining any matters of wider public interest (not just Council services) which affect the wellbeing of the Borough and its people.
- Having a statutory role scrutinising substantial developments and Crime and Disorder issues.

3.1.4 During the last year, the Chair also continued to meet with the senior managers in each of the Council's Directorates. At these meetings, the Chair and Officers considered issues where Overview and Scrutiny could potentially add value to the development of Council services, policies and the decision-making process.

3.2 Performance and Value for Money Select Committee

3.2.1 Membership

- Councillor Ahmad (Chair)
- Councillor Stretton (Vice-Chair)
- Councillor Haque
- Councillor Hulme
- Councillor Larkin
- Councillor Phythian
- Councillor Williamson
- Councillor Byrne
- Councillor Alyas (Substitute)
- Councillor Salamat (Substitute)
- Councillor Surjan (Substitute)
- Councillor Ibrahim (Substitute)
- Councillor Brownridge (Substitute)
- Councillor Al-Hamdani (Substitute)

3.2.2 The Performance and Value for Money Select Committee considers how the Council and its partners are performing and whether value for money is being provided for the people of Oldham. It also monitors the implementation of recommendations which Overview and Scrutiny has had accepted by the Council's Cabinet.

3.2.3 One of the most important aspects of the Select Committee's role is to examine the Council's budget proposals each year. This involves considering both the administration's budget and any alternative budget proposals put forward by the opposition. The Select Committee also monitors the revenue and capital expenditure throughout the municipal year.

3.2.4 The Select Committee also examines the Council's corporate performance report on a quarterly basis and considers the performance and value for money of the Council's work undertaken with partners.

3.3 Health Scrutiny Committee

3.3.1 Membership:

- Councillor Moores (Chair)
- Councillor McLaren (Vice Chair)
- Councillor Alyas
- Councillor Davis
- Councillor Ibrahim
- Councillor Toor
- Councillor Hamblett
- Councillor Byrne
- Councillor Iqbal (Substitute)
- Councillor Larkin (Substitute)
- Councillor Malik (Substitute)
- Councillor Haque (Substitute)
- Councillor Salamat (Substitute)
- Councillor H. Gloster (Substitute)

3.3.2 The Committee was established as a full Committee from May 2019 to discharge the responsibilities of the Council for health scrutiny functions, to receive and respond to referrals from Healthwatch Oldham, and to scrutinise the work of the Health and Wellbeing Board, including development of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

3.3.3 The Committee reviews and scrutinises matters relating to the planning, provision and operation of the health service and makes reports and recommendations on any such matters that the Committee has reviewed and scrutinised.

3.4 **Work Programmes**

Each Overview and Scrutiny Committee maintains a work programme for the Municipal Year and the Committee Chairs meet to review them on a regular basis. This allows for co-ordination of the work programmes, ensuring the best use of resources and avoiding duplication. The work programmes allow for flexibility within the wider overview and scrutiny function to accommodate any urgent and/or short-term issues that may arise.

Where Overview and Scrutiny has contributed in 2019/20

4.1 **Overview and Scrutiny Board**

4.1.1 Key Plans and Strategies

a) Clean Air Update – The Board gave consideration to a report which advised on the key features on Greater Manchester's (GM) feasibility study and the Clean Air Plan Outline Business Case for the reduction of nitrogen dioxide exceedances in Oldham and across Greater Manchester for submission to the Government's Joint Clean Air Unit. Alongside the objectives of the Clean Air Plan was a co-ordinated GM approach to develop a common set of minimum licensing standards for taxis and private hire vehicles. The measures included a proposed Clean Taxi Fund. Members expressed concern as to how the fund would be supported without additional government support. Two issues were raised related to idling zones and the impact of the proposals on buses. Questions were asked related to engine idling in car ranks outside schools.

A second report was received later in the Municipal Year which provided an update on progress that had been made following the Government's response to GM's Outline Business Case to tackling nitrogen dioxide exceedances and statutory consultation. The Council had been developing the study collectively with the other nine GM authorities and GM Combined Authority (GMCA) coordinated by Transport for Greater Manchester (TfGM) in line with Government direction and guidance. Members sought and received clarification on EU standards, consultation format, fines for clean air zones, breaches of air quality and the timeline.

b) Alexandra Park Eco-Centre and Northern Roots – The Board were advised of developments in respect of the projects which had been developed out of the co-operative borough ambition and developments in community growing, horticultural skills and training, renewable energy and the local food economy through a series of linked initiatives. The new Eco-Centre facility built upon and provided a place for a wider range of activities which included education, enterprises and community engagement. Northern Roots was a proposal to develop the UK's largest urban farm and eco-park. Members sought and received clarification that retention and improvement of sports pitches remained part of the vision. A suggestion was made for an animal petting farm or similar venture. It was also suggested by members that the establishment of mini-hubs in communities might be considered as a spin-off activity. It was proposed that Board members make a site visit. This took place on 15 June 2019.

The Board received a further update in the Municipal Year regarding technical options. Members sought and received clarification on accessibility and public transport links, the Biomass unit, rainwater harvesting from the lake, revenue and green waste capacity. Members also sought and received clarification on communications and advertising of the project and how success would be measured.

c) Thriving Communities and Placed Based Integration – The Board were provided updates through the Municipal Year. Members were informed of key projects and updates, support in the care pathway to prevent high levels of need and a positive trend in reduction of the attendance at A&E. Members commented on the good work and results in the reduction of GP visits.

Members were made aware of the Fast Track Grants. A further report on Place Based Integration was received by the Board and members were informed about the twin track approach to people, place and prevention. It was envisaged that services from health and social care, Children's, Housing, Policing, Districts and Environment would be in scope for place-based integration. Members recommended further discussion between members, district teams and placed based teams to share information.

d) Oldham Work and Skills Strategy – The Board were provided with an update on the progress related to the key components of the Work and Skills Strategy. The Strategy sought to improve population skills outcomes which supported Oldham's strategic goals. The strategy was organised around four strategic goals supported by a new outcomes framework for work and skills. The strategy would complement the new regeneration framework by focussing particularly on 'social regeneration' objectives and a developed shared ownership across all partners and providers. The Board queried the increase in no-education qualification, what was being done about long-term unemployment and work in terms of apprenticeships. Members also queried the low take up on the advanced learning strategy, performance data and the Area Based Review. Members questioned employment for young people, the Working Well Early Help and investment.

e) Business and Investment Review – The Board looked at how the Council could optimise business engagement and provided a competitive business support offer. Members commented on the work with start-ups and queried European funding and the effect of Brexit. Members also asked about work undertaken with the third sector and work with the Oldham Enterprise Trust and noted that Oldham's survival rate had increased.

f) GM2040 Delivery Plan Update and Transport Capital Projects – The Board were provided an overview of the three-year transport capital programme approved as part of the Council's wider Capital Strategy and Capital Programme 2019/20 – 2023/24. Securing additional external funding was a priority. The programme was fluid as it was dependent upon bids to be successful. Members were informed that the GM2040 Delivery Plan was being refreshed in response to changes in the transport opportunities and challenges which faced GM, such as the declaration by GMCA of a Climate Emergency, the development of the GM Spatial Framework and the GM Mayor's priorities. Funding for the strategy was outlined in the report with particular focus on capital investment. Members sought and received clarification on 'Streets for All', Highway Maintenance Challenge Fund, Future High Streets Fund, Bus Reform, New Bike Hire Scheme and charging points to meet the carbon neutral challenge.

g) Advertising A-Boards and Sign Policy Review – The Board were provided within an update on the policy.

h) Green New Deal Strategy – The Board received a summary of work being undertaken on the Oldham Green New Deal Strategy which included targets for the Council and Borough to be carbon neutral by 2025 and 2030 respectively. The strategy and delivery plan set out how carbon neutrality targets would be met as well as initiatives aimed at maximising the economic benefit. The Board were also provided information on energy supply and housing policies linked to the strategy. Members queried the deliverability and informed that it was important to manage expectations. Members noted the

breadth of the pledges and for them to be incorporated into future Board Work Programmes.

The Board also received an update on the General Oldham Community Energy Programme which included the Interreg Europe COALESCCE project. Members were reminded of the establishment of Oldham Community Power. The Council had won the national Community Energy Local Authority Award in 2018. Members sought and received clarification on the effect of Brexit on the partnership, the savings, the officer for small community groups and how elected members could assist.

4.1.2 Internal and External Consultations

a) Selective Licensing – The Board gave consideration of an update on the scheme. An independent review of the scheme had been undertaken which examined the impact in the current schemes. Members reviewed the report, noted the cost of the service, requirements for consultation, route for scheme approval and case studies presented. The Board supported the continuation of the Selected Licensing Scheme.

b) Care Leavers Housing Commitment – The Board were provided the proposals to ensure that Oldham care leavers who became homeless received the support of full rehousing duties up to the age of 25 years. The proposal had bee raised following the review of the Council's Corporate Parenting Strategy. The Children and Social Work Act 2017 had introduced a new duty on local authorities to provide Personal Adviser Support to all care leavers up to the age of 25 years. The Greater Manchester Care Leavers Trust also worked to develop a 'core offer' across GM. Members queried and received information on assistance for those who were unable to live on their own or lacked a support network. Members also received information related to the financial implications of the provision. The Board endorsed the proposals.

4.1.3 Services Monitored

a) Children's Social Care 'Getting to Good' Implementation Plan – The Board continued to receive updates in respect of improvements to Oldham's Children's Services. A Structural Investment Plan and Transformation Programme to be delivered throughout 2019/20 had been developed along with a new operating model and additional investment to support the transformation journey. The Board were apprised of governance arrangements, particularly relating to Task and Finish Groups established for major projects. The Board revisited the provision of safeguarding training for elected members and it was confirmed that the nature and content would be different from previous years as a result of the new arrangements. The Board were advised of a sustainable staffing structure. The Board were advised of work with the Children in Care Council. Members asked questions related to performance related to children in need and early intervention, out of borough placements and projects associated with the improvement journey.

A further update was received which provided an update on progress against the plans, demand, caseload and workforce.

b) Libraries Update – The Board were provided an update on the service and highlighted outreach work for non-users and disengaged readers. The service was committed to being open and accessible to all residents and users. The

impact of the removal of fines would be monitored and early indicators showed there had been an increase in library membership. Some provision could be accessed without a card and trail-blazing activities included reaching out to the homeless, development of 'Libraries of Sanctuary' in addition to those tackling loneliness and social isolation. Members sought and received information related to buildings being fit-for-purpose, technology, plans for an 'At-Home' Service, welcoming refugees, engagement of older groups and encouragement to local writers and artists.

c) Heritage, Libraries and Arts Offer to Schools – The Board were provided an overview of the services provided which included collaborative approached and new initiatives which included Story Walks and Poverty Proofing Schools Project. Members asked about the challenges related to transport for the events and the funding strategy which had links to the Heritage Schools Programme and the Princes Trust.

d) Local Government Ombudsman and Review of Complaints System – The Board were informed of the Council's performance related to enquiries received from the Local Government Ombudsman (LGO). Since 2014, the LGO also publicly reported on Local Authority complaints performance. During 2018/19 the Council had 80 cases reviewed by the LGO of which only 17.5% were investigated and 12.5% upheld. The low number of cases reviewed by the LGO, and ultimately investigated, suggested that the Council was willing to take responsibility when things went wrong and work with residents to resolve the issue appropriately. The Council was undertaking a root and branch review of the service. Members sought and received clarification on the nature of complaints.

e) Special Educational Needs and Disabilities (SEND) – The Board gave consideration to the development and key highlights of Oldham's new SEND Strategy. Consultation and engagement sessions had been held as well as a series of stakeholder events. The ambition and outcomes of the strategy had shaped and directed the Development Plan. The Board were informed of the considered approach undertaken following the Ofsted/CQC inspection and consultation process. Members raised issues related to exclusions, links with the voluntary and community sector, home-educated students and safeguarding issues. The Board endorsed the strategy.

Performance Report – Further updates were received related to the SEND improvement journey during the municipal year. The board noted progress made against the expectations as set out in the Written Statement of Action which had contained five key priority areas and recommendations. A revised SEND action plan and strategy was due to be launched in September 2019.

f) Oldham Care Commissioning Arrangements – An update was received on the arrangements for health and social care services as well as an overview of the future direction of travel. Work had been ongoing related to learning disability, mental health, care home and care at home commissioning, dementia, continuing health care, safeguarding policy and policy work identified in a Section 75 agreement between the Council and the Clinical Commissioning Group (CCG). The Board queried staff in 'hubs' and were informed services were developing in a more co-ordinated manner with an absolute commitment to improvement. The Board were apprised of funding as budgets were dependent upon government announcements of grants, etc. The Board also gave consideration to staff turnover, changes in population profiles and different recording and operating systems used within the sector.

g) Adults Safeguarding Board Annual Report – The Board gave consideration to a report of the Independent Chair which provided information from April 2018 to March 2019. The Board was a partnership of organisations whose role was to strategically lead adult safeguarding within Oldham. The Annual Report evaluated the effectiveness in achieving aims and identified future plans. Two important issues were outlined which involved substantive reviews of the quality of deployment of staff and the continuing business demand to be met. Members sought and received clarification on work in progress and the impact of the lack of Deprivation of Liberty safeguards signatories.

h) Children's Safeguarding – Members were presented with the proposed new arrangements for Oldham Children's Safeguarding. The Children and Social Work Act 2017 required the local authority, police and local CCG to implement new arrangements by 29 September 2019. Proposed arrangements comprised a Safeguarding Children Strategic Partnership, Children's Safeguarding Executive Group and sub-groups to undertake detailed work on implementation of the business plan. New arrangements would provide challenge, scrutiny and commitment to continuous improvement among partners and agencies.

i) Virtual School Annual Report and Term Update – The Board gave consideration to the scope of work undertaken by the Virtual School which had developed significantly under new leadership and reported outcomes for children who were looked after compared favourably with national averages. The themes had emerged in the Ofsted report of the inspection of the Local Authority's Children's Services (ILACS) which had included the Virtual School in January 2019. Members sought and received clarification on absences, exclusions, training and the priorities for 2019/20.

j) SEND Inspection Revisit – The Board were provided an update on the outcome of the SEND revisit. Members were provided an update on progress made on the original written statement of action. Members sought and were provided clarification on managed moves, improvements in Education, Health and Care (EHC) Plans, increased exclusions at Key Stage 4, minimising disruption, speech and language therapy, support for parent and children with new languages and bringing children who were permanently excluded back into the school system.

k) The Board were also provided an update on the Oldham Opportunity Area Funding.

4.1.4 Motions Referred to Overview and Scrutiny Board

The following motions were referred to Overview and Scrutiny for investigation:

a) 'Improving Public Safety in Oldham's Night Time Economy' – a motion was referred to the Board on 12 December 2018. An update was received on the work which had already been undertaken and the Board would seek further information during the 2019/20 Municipal Year. Members were informed that the 'Ask for Angela' Scheme was already in operation with localised material being developed. The Street Angels has also been established in the Town centre. Work was to be undertaken by Licensing Officers with private hire operators and the licensed trade. With regard to the potential 'safe havens' potential significant safeguarding issues had been identified. A suggested scheme that taxi companies carry identifiable students and bill them later via

college or university authorities had been investigated and was considered to be beyond the powers of the local authority to implement.

b) 'Tackling Dog Fouling and Nuisance' – a motion was referred to Board on 20th March 2019. An update was provided to the Board which included opportunities provided by potential stakeholders such as behaviour change campaigns and educational material. The Board were asked and provided a representative from the Board to work with officers to explore the material and initiatives promoted by charities.

c) 'Tackling Speeding' – a motion was referred to Board on 20th March 2019 which sought to identify locations not currently equipped with a speed camera, availability of funding for mobile speed cameras, establish Community Speed Watch schemes and explore the merits of establishing bus gates. A workshop was convened on 24 September 2019 with options to be investigated by Highways and reported back.

d) Youth Council Motion: Knife Crime – a motion was brought to the Board by the Youth Council which asked for an overview of the current youth offer across Oldham to ensure a broad range of high-quality activities available to all young people. The Youth Council were invited to attend a meeting of the Board to discuss the motion. The Board were informed of activities of the Youth Council which included the 'Make Your Mark' vote, youth offer available and mapping of activities undertaken.

e) Making A Commitment to the UN Sustainable Development Goals (referred jointly to Overview and Scrutiny Board and Health Scrutiny Committee) – it was requested that the relevant bodies identify work that was already being done by the Council and its partners, what more can be done and report back to Council. A report was submitted to Overview and Scrutiny Board and Health Scrutiny and it was agreed to be commended to Council.

f) Clean Air Outside Schools – the key points of the motions were considered in the GM Approach to Air Quality to which the Council was signed up to. An update would be brought back to Board.

g) A Sensible Approach to Firework Displays – The Overview and Scrutiny Board gave consideration to the motion as referred to the Board on 8th January 2020. The recommendation was agreed that officers from Public Protection would work in partnership with GM Fire and Rescue Services and the Council's Community Safety Team to develop an action plan which would be reported back to Overview and Scrutiny.

4.1.5 Task and Finish Groups:

a) Community Assets – The Board Members along with other members and officers undertook a Task and Finish Group on extending the Cooperative Approach to the use of Council Assets Policy.

b) Poverty Working Group – The Board Members agreed to look at helping to update the Council's Poverty Strategy (from 2010), taking into account the four main points suggested by the Joseph Rowntree Trust, UK Poverty Report 2019/20, information from the LGA, what the Council was doing and how the Council can work with partners in the clusters.

4.2 **Performance and Value For Money Select Committee**

4.2.1 Finance Scrutiny

a) Scrutiny of Budget Proposals – The Council's overall budget proposals for 2020/21 were considered by the Select Committee. The Administration's proposals were presented to the Committee during January 2020 and the Opposition's proposals were presented in February 2020. This included the Medium-Term Finance Strategy 2020/21 to 2024/25, Housing Revenue Account Estimates for 2020/21 to 2024/25 and proposed outturn for 2019/20, Capital Strategy and Capital Programme 2020/21 to 2024/25, Treasury Management Statement 2020/2021, Council Tax Reduction Scheme 2020/21 and the Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments.

Scrutiny of the Liberal Democrat Budget Amendment Proposals 2020/21 – The Select Committee examined the saving, investment and proposals in detail. The Select Committee suggested areas to be investigated further by Cabinet and the Select Committee.

b) Local Government Financial Resilience – The Select Committee were provided information related to the financial sustainability of Local Authorities and highlighted the Chartered Institute of Public Finance and Accountancy's efforts to ensure attention on financial sustainability through the development of a financial resilience index. The Select Committee were informed that members and officers worked together to ensure current financial and demand pressures were managed in line with the Council's governance arrangements. The Select Committee were informed that despite significant financial challenges, Oldham Council's financial position remained strong as demonstrated within an increase in both balances and earmarked reserves. Members sought and received clarification on control of social care budgets, the situation in Northamptonshire and Brexit.

c) Review of Financial Performance: Revenue Monitor and Capital Investment Programme 2019/20 – The Select Committee were provided quarterly updates on the forecast revenue position and the revised capital programme. An overview of variances was provided. Members noted pressures related to the Dedicated Schools Grant (DSG) and informed that a recovery plan had been submitted to the Department for Education. On Quarter 1, members reflected on the deficit, the budget reduction in recent years and the pressure from Brexit.

The Select Committee received the Quarter 2 update which stated action would be taken for the remainder of the financial year to address variances and take mitigating actions. No significant issues were reported related to the Housing Revenue Account. The Dedicated Schools Grant (DSG) continued to be a financial challenge. The Select Committee noted that regular budget updates were provided to respective management teams. The Select Committee also received the Month 8 revenue budget position as well as an update on the revised capital programme. The Select Committee were advised of continued action taken to address variances.

d) Finance Performance of the MioCare Group – The Select Committee were provided with the annual updates on the financial performance of the group during the financial year 2019, an overview of business developments and an outline of the issues for the budget for 2020.

e) Children's Services – Financial Performance – an overview of the financial performance of Children's Social Care and measures being taken to balance the budget in 2019/20 and future years was provided. A dramatic increase in cost had been noted but this was not unique to Oldham. The overspend in 2018/19 occurred in Children in Care, Children's Safeguarding and Fieldwork & Family Support. The Children's Social Care budget had increased by £4,611k in 2019/20 to respond to spending pressures and to support the implementation of the Children's Services Operating Model and Structural Resource Plan. The largest factor in the reduction of the budget was the implementation of the Operating Model.

A further update was received which detailed the allocation and use of resources which supported spending pressures, areas of overspend, underspend and targeted management actions. Progress on the implementation of the Improvement plan and progress against key indicators were noted. Members also noted that a Financial Recovery Group had been established with an associated action plan. Members sought clarification on issues around the Regional Adoption Agency, the number of referrals and out of borough placements. Members asked that the financial position be kept under review.

f) Street Cleansing Service: Clean Street Initiative – the Select Committee were provided information on the provision that the additional investment to the Street Cleansing Services Clean Street Initiative had made. The approach was designed around clear messaging and information followed by intervention and enforcement. A proposal had been developed and resources identified which supported the approach. Additional staff had been recruited and complemented the existing workforce which allowed a more flexible and proactive approach covering 7 days a week. An independent audit had credited Oldham with a 'Passing Grade'. The Government had requested detailed on the Council's approach as they examined exampled of good practice. There had also been an increase in the number of formal legal enforcement actions.

g) Levy Allocation Methodology Agreement (LAMA) - The Select Committee were provided an update on the LAMA which was a proposed six-year agreement between nine District Authorities that were subject to Combined Authority waste disposal arrangements. The Select Committee gave consideration to the proposed apportionment of costs, cost implications for delivering more or less and issues related to recycling. The Select Committee commended the report to Cabinet as the new agreement.

4.2.2 <u>Performance Scrutiny</u>

a) Quarterly Council Performance Report and Challenge – Reports were presented to the Committee in terms of how the Council was performing against its key local and statutory priorities. Members highlighted issues to be addressed in the Committee's Work Programme.

b) Delivery of Additional School Places – The Select Committee were provided an update on the current position regarding school places and school admissions for September 2019 which included current context and position, Education Provision Strategy and Current Expansion Projects and Admissions – Parental Preference Performance. The number of children seeking places had risen. Members noted information related to where places were available and the effect of the sudden closure of Collective Spirit. Members were

informed that a revised strategy of place planning would be put into place including prediction and modelling for places needed for SEND pupils and other in need of alternative provision. There was considerable activity to enhance provision of places at good and outstanding schools. Members were informed of figures related to school preference and the plans to improve parental choice. Members sought and received clarification on the number of pupils not being offered a place at their first preference secondary school, admissions criteria of faith schools, market and the continued expansion in the primary sector.

c) Waste Management Position Statement Including Recycling – The Select Committee gave consideration to a position statement. There were three basic indicators, all of which were linked to be used to judge Waste Management Service (WMS) performance which were: Operational Performance, Disposal Performance and Environmental Performance. WMS had made significant operational efficiency savings by changing to a 2-weekly and then a 3-weekly collection system. Changes to the collection systems had also produced significant cost saving in the disposal budget as residents managed waste more efficiently and had the household recycling rate had improved from 28.88% to 44.65% over four years to 2018/19. Efficiency savings had been made with collection rounds at full capacity and the fleet included the cleanest and most full efficient vehicles available. Continued improvement in the trade waste service was considered vital as budget remained under continued pressure.

d) Medium Term Property Strategy – The Select Committee were provided with an update in respect of the Council's Medium-Term Property Strategy (MTPS) which outlined the plans, actions and approach that was being undertaken to meet the objectives as set out in the strategy. The corporate estate was classed into six categories: Service Delivery – Direct; Service Delivery-Indirect; Regeneration; Co-operative Property; Surplus / Vacant; and Income Generation. The Select Committee was advised of further work on efficiency targets linked to alignment of Council and CCG structures.

e) Improving Attendance and Health and Wellbeing – an update was provided on the position related to improving attendance activity for the financial year 2018/19, sickness absence per directorate, levels of compliance and top reasons for absence. The outturn had shown an average of 9.611 working days lost per employee, the target was 6 working days. The compared with other GM local authorities of 10.35 days and the Nationwide local authority average of 9.8 days. The principal reasons for time lost were mental health (including stress) and musculo-skeletal. The Committee was advised of support available and staff were advised to seek support through work and participate in preventative activities. Members were advised of managerial compliance with return to work interviews. Members queried the use of disciplinary action and were advised that action would be taken if sickness was proven not to be genuine or if clear patterns emerged. The Fit for Oldham Programme delivered a variety of activity across several locations and responded to how health and wellbeing could be enhanced. This included 'Supporting Mental Wellbeing in the Workplace' and the offer of regular Health checks for employees. A suggestion was made related to the promotion of breast checks to support the early identification of breast cancer. Members noted that the Council performance well against other authorities but requested future reports contained previous years statistics for comparison.

f) Position Statement on Education Standards 2019 – The Select Committee gave consideration to the statement on education standards in Oldham in 2019 as indicated by outcomes across key stages and in Ofsted inspections. Members commented on sustainability of performance and improvements, support for higher ability students, 'A' level performance and vocational qualifications.

g) Housing Strategy – The Select Committee reviewed the 2019 Delivery Plan that had been developed in order to meet the objectives of the strategy. There were four themes within the Housing Strategy and a delivery plan broke these down into a series of actions as well as short, medium and long-term goals. Initiatives outlined in the strategy were highlighted. The very ambitious programme was noted to address the identified problems in the housing market and the capacity of the service was recognised.

h) Regeneration - the Select Committee were provided an update on the progress of a number of projects.

4.3 **Health Scrutiny Committee**

4.3.1 The Health Scrutiny Committee has met four times since June 2019 with an additional two development sessions and workshops, receiving a number of reports from across the Health and Care Sector in Oldham.

4.3.2 The focus of the Committee was on the impact of plans for the devolution of health and social care responsibilities to GM. Additionally, the implementation of the Healthier Together reforms of the provision of acute services across GM which will impact on the service offer available at the Royal Oldham Hospital and across North-East of Greater Manchester, for Oldham residents.

4.3.3 The Committee addressed the following areas:

a) Urgent Primary Care – The Committee were provided with an update on the implementation of the new model of Urgent Primary Care in Oldham. The proposed model included the establishment of an A&E primary care stream and sharing of medical records between health and social care professionals. Patient safety was important when services were changed and would not be implemented unless the change provided a better experience for patients.

The Select Committee were also provided an update on work which had commenced to develop a Primary Care Strategy which would identify priorities to address the known challenges in primary care. A new model was required to provide assurance on the sustainability of the primary care offer. Oldham CCG aimed to enable general practice to play a stronger role at the heart of more integrated out of hospital services.

b) New Safeguarding Arrangements – The Committee were provided with an overview of the new arrangements for Oldham's Children Safeguarding and an update on the safeguarding training. The arrangements were revised under the Children and Social Work Act 2017. Training sessions were developed and planned for September 2019.

c) Children and Young People's Mental Health and Emotional Wellbeing – The Committee were provided with an overview of the current offer with the annual refresh of the CAMHS Local Transformational Plan which focused on changes and impacts that additional investment had brought about and developed in

accordance with local needs and priorities. The Oldham Whole School Approach had proved to be successful with schools engaged and producing better partnership working. Members queried any focus on for young parents and under-5's and informed that this was ongoing.

d) Integrating Community Health and Adult Social Care Services – the Committee were provided an update on service integration. The emphasis on Phase 2 was focused on design and implementation of an integrated community service. Other key areas of development were highlighted including community enablement, embedding integration, Adults Targeted Model, streamlining governance and decision-making and operational reform of services. The budget availability was also acknowledged and that service redesign was about managing resources effectively and identifying different ways of working.

e) Thriving Communities – The Committee received an update on the programme and, in particular, around the initial phase of the Social Prescribing Innovation Partnership. The Oldham Model was outlined whereby the Council and its partners were committed to a cooperative future and the Oldham Plan which set out the Oldham Model for delivering tangible and sustained change. The Social Prescribing Network was highlighted which bridged the gap between medical care and the community. Members were provided information related to the Innovation Partnership, Fast Grants and the Social Action Fund. Members sought and received clarification on the primary care referral route, the role of the voluntary sector and health and wellbeing outcomes.

f) Choice and Equity Policy – The Committee received outline consultation that would gather views of patients. The NHS Continuing Healthcare (CHC) referred to packages of continuing care arranged and funded solely by the NHS. The report set out how the CCG would implement CHC in accordance with the National Framework. The Committee were informed how the policy would be implemented. Members sought and received information as to how resources would be sued, how current patients would be affected, budget implications and adequacy of providers.

g) North West Ambulance Service – information was provided related to the current performance, position and initiatives of the service. Performance information related to level of activity, hospital conveyances, treatment and new initiatives and projects. Members sought information related to the use of private ambulances and performance indicators around reducing turnaround time.

h) NHS Health Checks Programme – The Committee received a report which provided an update on the programme that was a national health risk assessment programme looking to help prevent vascular disease, including heart disease, stroke, diabetes and kidney disease. On completion of an assessment, feedback and advice on achieving and maintaining healthy behaviours was given. The Committee were provided performance information and outcomes. A key focus going forward would be in improving the outcomes of the programme. Members sought clarification on data presented, responding to referrals, hidden health conditions, the number of pharmacies included in the programme, and follow up assessments.

i) Mayor's Healthy Living Campaign – the Committee received updates on the campaign and what activities had been undertaken throughout the year.

4.3.4 **Motions referred to Health Scrutiny Committee**

Motions which had been referred to Health Scrutiny Committee:

a) Making a Commitment to UN Sustainable Development Goal's – also referred to O&S Board – this was the same as that provided to Overview and Scrutiny Board; and
b) Ban on Fast Food and Energy Drinks Advertising.

5. Overview and Scrutiny and Procedural Arrangements

5.1 The Chair of the Overview and Scrutiny Board, or the Overview and Scrutiny Chairs more generally, have certain procedural responsibilities within the Council's Constitution. These are:

- General Exception – where 28 days' notice of the intention to take a Key Decision is not or cannot be given, 'General Exception' procedures apply. These include a requirement to obtain agreement in writing from the Chair of the Overview and Scrutiny Board (or nominee) that the matter about which the decision is to be made is urgent and cannot be deferred;
- Special Urgency – where General Exception procedures cannot apply and a decision is needed urgently, 'Special Urgency' procedures apply. These include a requirement to obtain agreement from the Chair of the Overview and Scrutiny Board (or nominee) that the matter about which the decision is to be made is urgent and cannot be deferred;
- Decisions contrary to the Budget and Policy Framework - should such a decision be required urgently, and it is not practical to convene a quorate meeting of the full Council, the decision may be taken if the Chair of a relevant Overview and Scrutiny Committee agrees that the decision is a matter of urgency.
- Executive business in private – where 28 days' notice of the intention to take an executive decision at a meeting in private is not or cannot be given, the matter can be considered in private should the Chair of the Overview and Scrutiny Board agree that the matter is urgent and cannot reasonably be deferred.

5.2 In 2019/20 there were seven instances of General Exception, ten instances of Special Urgency, no instances requiring agreement to the consideration of matters outside the Budget and Policy Framework, and two instances of agreement to the consideration of business in private.

6. Council Support for Overview and Scrutiny

6.1 The Overview and Scrutiny structure is supported by all Officers of the Council. The Overview and Scrutiny function should expect all Council Officers to provide the same level of support as those Officers provide to the executive, regulatory and other functions within the Council's decision-making arrangements.

6.2 The Overview and Scrutiny function received the following specific support during 2019/20:

- Statutory Scrutiny Officer – the Council is required by the Local Government Act 2000 (as amended) to designate a statutory Scrutiny Officer with the functions of:
  (a) promoting the role of the Council's overview and scrutiny committees,
  (b) providing support to the Council's overview and scrutiny committees and the members of those committees,

(c) providing support and guidance to all Members and Officers of the Council in relation to the functions of the Council's overview and scrutiny committees.

The Statutory Scrutiny Officer from March 2019 was Dami Awobajo, Head of Business Intelligence, who left this post in November 2019. A replacement designated Scrutiny Officer had not been identified within the 2019/2020 Municipal Year.

- Committee Lead Officers – the Council had identified 'Lead Officers' for each Committee in 2019/20 as follows:
  (a) Overview and Scrutiny Board - the Lead Officer was Dami Awobajo, Head of Business Intelligence who left this post in November 2019. The lead role was thereafter assumed by Constitutional Services.

  (b) Overview and Scrutiny Performance and Value for Money Select Committee – the Lead Officer for 2019/20 was Mark Stenson, Head of Corporate Governance.

  (c) Health Scrutiny Committee – the Lead Officer was Andrea Entwistle, Principal Policy Officer who left this post in September 2019. The lead role was thereafter allocated to Constitutional Services on an interim basis.

- Constitutional Services undertake general governance activities in support of the overview and scrutiny function. Beyond ensuring that the Overview and Scrutiny Board and Committee meetings are convened and held in accordance with relevant legislative and procedural requirements, Constitutional Services undertake further activities including maintenance of the Committee Work Programmes, ensuring and chasing up actions, and co-ordinating scrutiny activities held outside of the formal Committee meetings.

6.3 The scrutiny function also benefits from the active support given by the Council's partners across the statutory and voluntary sectors who prepare reports for consideration and attend Committee meetings to assist Committee members in their scrutiny considerations.

7. A New Structure for Overview and Scrutiny

7.1 As part of the Council's Constitution refresh exercise undertaken during the 2019/2020 Municipal Year, the Chairs were involved in discussions around options for the future of the Council's overview and scrutiny function, including a possible new Committee structure. A proposed structure which would see the following Committees established was to be submitted to the Council in March 2020:

- Policy Overview Committee – to consider policy, annual budget setting, big corporate issues and programmes and high-level partnership issues;

- Performance and Value for Money Overview and Scrutiny Committee - to consider implementation and to review both budget and operational performance of Council and partners' services; and

- Health Scrutiny Committee – to undertake the statutory health scrutiny role, to scrutinise integrated health and social care arrangements and to have oversight of the work of the health and Wellbeing Board,

7.2 Following cancellation of the March 2020 Council meeting, the Chairs await confirmation of a new date for the consideration by Council of the proposed

arrangements, though acknowledge that the timing of implementation will need to be set against other corporate priorities at this time.

7.3 These other priorities include the COVID-19 pandemic and the vital responses being made by the Council and its partners. The Chairs consider that overview and scrutiny has an important role to play in this process and can provide an invaluable contribution that scrutiny can bring to this process.

8. **Ways to get involved with O&S?**

8.1 Overview and Scrutiny Board, Performance and Value for Money Select Committee and Health Scrutiny have rolling work programmes. These can be found as part of the meeting's agendas.

8.2 If you are interested in attending a meeting of any of the Scrutiny Committees, meeting dates can be found on the website at: https://committees.oldham.gov.uk/ieListMeetings.aspx?CommitteeId=366

8.3 Contact and speak to your local Councillor about issues you feel have an impact on your local community in Oldham. Overview and Scrutiny will consider issues raised by Councillors.

8.4 You can contact Constitutional Services on 0161 770 5151 or email to constitutional.services@oldham.gov.uk to ask Overview and Scrutiny to consider an issue which has an impact on Oldham and local people. This could be a problem, Council service or an issue which you think the Council should take in lead in improving.

9. **Legal Services Comments**

9.1 n/a

10. **Co-operative Agenda**

10.1 The Annual report contains examples of work aligned to the Council's co-operative approach in relation to issues that have an impact of local communities.

11. **Environmental and Health & Safety Implications**

11.1 None

12. **Equality, Community Cohesion and Crime Implications**

12.1 None

13. **Equality Impact Assessment Completed?**

13.1 No

14. **Key Decision**

14.1 No

15. **Key Decision Reference**

15.1 N/A

16. **Background Papers**

16.1 None

17. **Appendices**

17.1 None

Report to HEALTH SCRUTINY COMMITTEE

Health Scrutiny Committee Work Programme 2020/21

Chair:
Councillor Shoab Akhtar

Report Author: Mark Hardman, Constitutional Services Officer

7th July 2020

Purpose of the Report

For the Health Scrutiny Committee to review the Health Scrutiny Committee Work Programme 2020/21.

Recommendations

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2020/21.

1. Background

1.1 Overview and Scrutiny Procedure Rule 4.1 requires each Overview and Scrutiny Committee to prepare and maintain a Committee Work Programme.

1.2 The Health Scrutiny Committee Work Programme presents the issues that the Committee will be considering and scrutinising during the 2020/21 Municipal Year. The 2020/21 Work Programme picks up from the previous years Programme and covers the issues to be discussed at each meeting, issues and actions arising, matters identified for consideration at workshops or in task and finish groups, and other matters that have been identified as issues for possible consideration.

1.3 The nature of the Committee's area of interest which covers health, social care and public health functions means that several considerations have been rescheduled or, particularly in the case of public health items where the current focus is on mandated functions, identified as 'pending' until such time as a re-assessment is made of public health activities going forward. In this regard it is suggested that some leeway be retained in the business identified for individual meetings to ensure that space is available for public health business as this comes forward.

HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2020/21

PART A - COMMITTEE MEETINGS SCHEDULE

Date of Meeting	Agenda Item	Summary of issue and Anticipated Outcome/Resolution	Lead Officer(s)	Notes
Tuesday, 7th July 2020	Healthwatch – End of Life services Review	To provide comments on the findings and draft recommendations of the Healthwatch review of palliative and end of life services in Oldham prior to the conclusion and sign-off of the report.	Liz Windsor-Welsh Action Together	
	Safeguarding Adults Update	To receive an overview presentation of adult safeguarding arrangements and services in Oldham	Helen Ramsden Interim Assistant Director of Joint Commissioning Julie Farley Business Manager, Oldham Adults Safeguarding Board	
	Council Motion - Ban on Fast Food and Energy Drinks Advertising	To consider and, if appropriate, make recommendations to Council in respect of the Council Motion	Mark Hardman Constitutional Services	
	Council Motion – Making a Commitment to the UN Sustainable Development Goals	To consider and, if appropriate, make recommendations to Council in respect of the Council Motion	Jonathon Downs Corporate Policy Lead	

	Thriving Communities and Health Improvement Update	To receive an update on the Thriving Communities Programme	Peter Pawson Thriving Communities Programme Manager	Update report requested in March 2019
	Overview and Scrutiny Annual Report 2019/20	To receive the draft Annual Report	Chair Lori Hughes Constitutional Services	
Tuesday 1st September at 6.15pm	Multi-agency Early Help Strategy	To consider emerging proposals on the development of a multi-agency Early Help Strategy across all levels of need	Bruce Penhale, Assistant Director Communities and Early Intervention Bruce.Penhale@oldham.gov.uk	Formerly listed as 'Oldham Family Connect'. The proposed Strategy is intended to present a wider key message that early help is everyone's responsibility.
	Oldham Children and Young Person's Alliance	To provide the committee with an overview of the priorities of the Alliance and progress made since its establishment	Gerard Jones, Managing Director Children Elaine Devaney, Director of Children's Social Care	Item listed previously for consideration in March 2020.
	Urgent Care Review	Due to changing circumstances, the CCG consider there is a need to reconsider the review proposals and the associate proposals for engagement.	Mark Drury Head of Public Affairs	An item was listed previously for consideration in July 2020.
	Council Motion - Chatty Checkouts and Cafés	Initial consideration of referred Motion	tbc	Motion referred to this Committee from Council, 17th June 2020
Tuesday 13th October 2020	Health and Adult Social Care Services	Further update on the progress of Health and Adult Social Care Services integration. To also include an update on the transfer of	Mark Warren, Managing Director Community Health and Adults Social Care (DASS) Mark.Warren@oldham.gov.uk	Update on integration agreed by Committee, 7th January 2020 as possible development

		Pennine Care community services to Northern Care Alliance that took place in January 2019.		session for September 2020 (and rescheduled)
	Primary Care Review and Strategy	Further update on progress of the Primary Care Review and Strategy.	September 2020. Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net	Agreed by Committee, 7th January 2020 for September 2020 (and rescheduled).
Tuesday 8th December 2020	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	Mark Warren, Managing Director Community Health and Adults Social Care (DASS)	Previously listed as an 'outstanding issues/possible topic' item.
Tues 26 January 2021				
Tuesday 16th March 2021	NHS Health Check Programme	Further update on the NHS Health Check programme, to also include progress on work undertaken to seek common standards on data recording.	March – July 2021 Katrina Stephens, Director of Public Health (Katrina.Stephens@oldham.gov.uk	Agreed by Committee, 7th January 2020. Acknowledged that consideration was dependant on available information and item may be considered in July 2021

NOTE

The Committee will receive periodic reports providing an update on recent activity in respect of the Mayor's Healthy Living Campaign.

Each meeting of the Committee will receive an update in respect of the Committee's Work Programme.

The work of the Public Health Team has shifted substantially due to COVID. Other than mandated services the majority of other work is temporarily on hold until at least July in order that COVID work can be prioritised. In July a re-assessment of what can be brought back on line will be made. This will include consideration as to what might be able to be brought to the Committee and the likely timescales. The following confirms the items listed previously on the Committee work programme.

	Public Health Annual Report	To provide the Committee with an overview of the Public Health Annual Report	Katrina Stephens, Director of Public Health	Listed initially for a Development Session in January 2020; proposed consideration in March 2020 delayed.
	Healthy Weight and Physical Activity Strategy	To consider giving support to the Strategy and related actions.	Katrina Stephens Director of Public Health Gabriel Adboado Consultant in Public Health Medicine	This report has linkage with/was to have been considered in conjunction with the Council Motion report re Ban on Fast Food and Energy Drinks Advertising. Listed initially for March 2020.
	All Age Oral Health Improvement	To receive an update in respect of the programmes and strategies targeted at improvements in oral health across communities in Oldham and to consider giving support to ongoing actions and interventions.	Katrina Stephens Director of Public Health Mike Bridges Public Health Specialist	Listed initially for March 2020.
	Immunisations	Particular focus on Flu Programme 19/20 and MMR	Gloria Beckett, Infection Prevention & Control Nurse, Public Health	Listed initially for July 2020
	Health and Wellbeing Strategy	To consider and review the Health and Wellbeing Board's proposed priorities and objectives for the Health and Wellbeing Strategy and	Katrina Stephens Director of Public Health	Listed initially for July 2020. Date of consideration will be led by the Health and Wellbeing Board's

		to provide comments to the Board's working group that is to develop the Strategy.		consideration of Strategy development.

PART B - ONE OFF MEETINGS, WORKSHOPS AND TASK AND FINISH GROUPS

The Committee is asked to note the following proposed and progressing workshop and task and finish groups and consider progression/prioritisation of the issues at a future meeting as resources permit.

	Over the Counter Medicines Review	Task and Finish Group.		Issue identified by Committee, March 2019. An initial scoping meeting convened but cancelled. The issue and possible scheduling would need to be further discussed with the CCG before seeking confirmation of progression from the Committee.
	Continuing Healthcare – Equality and Choice Policy	Following a workshop in October 2019, to receive detailed information regarding complex cases (demographic profile, types of care being provided, budget information) and a summary of consultation findings, to hold a further workshop to receive the results of the consultation and implementation of the newly commissioned service	Helen Ramsden, Interim Assistant Director of Joint Commissioning	Planned consultation through community groups was unable to proceed and the issue will need to be picked up as part of the recovery plans. Current priorities are at an operational level, working through the relocation of staff as they have been supporting other nursing priorities and then catching up with those who may have been Continuing Health Care eligible through this period, once the pausing of activity (via a national directive) is lifted. An

				updated timescale will be provided in due course.
	Infant Mortality and Child Death	Task and Finish Group		Raised as an issue of concern from the Oldham in Profile, Business Intelligence Report April 2019 - Children and Young People's Health and Lifestyle: Rates of infant mortality (under 1 year old) are higher than national levels (6.2 per 1,000 for Oldham, 3.9 per 1,000 for England).

PART C – OUTSTANDING ISSUES/POSSIBLE TOPICS FOR CONSIDERATION

	Smoking and Tobacco Control	To consider local provision and initiatives	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	If the Committee is minded to consider this topic, it will be scheduled in line with the Public Health work programme.
	Sexual Health Integrated Service	Tri-borough (Oldham, Rochdale and Bury) contract re-tender	Katrina Stephens Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager	It has been proposed to delay the retender for 12 months. If the Committee is minded to consider this topic, it will be scheduled accordingly.
	Greater Manchester Fire and Rescue Service	To outline the current performance, position and initiatives of GMFRS in the Oldham area.	Val Hussain, Borough Manager: Bury, Oldham & Rochdale, GMFRS	If the Committee is minded to consider this topic, it is suggested that the presentation focus be on the contributions of GMFRS to health and scheduling be undertaken in consultation with GMFRS.

	Royal Oldham Hospital within the Northern Care Alliance	The Committee held a workshop in October 2019 considering the 'Transaction Programme' in respect of proposed NHS Acute Trust re-organisation in the North-East Sector. The project changed direction, the issue put on hold meaning there was no update to provide. However, the Committee might wish to receive an update on Acute Trust arrangements in the North East sector.
	Covid-19	The Covid-19 pandemic has raised many issues across the health and social care sectors and highlighted health inequalities that the Committee might wish to consider. While a Joint Scrutiny Committee is considering the local response of the Council and partners to the pandemic, there may be issues arising for the specific consideration of the Committee over the coming year.